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ORIGINAL ARTICLES.

HOMŒOPATHY AS SEEN THROUGH ALLOPATHIC SPECTACLES.*

BY G. W. COFFMAN, M. D., ST. LOUIS, MO.

"Oh, wad some power the giftie gie us
To see ourselves as others see us.
It wad frae mony a blunder free us
And foolish notion."

THERE may not be a louse on our hats as there was in the case of the Scotch lady at church, which inspired Bobby Burns to write the famous stanza quoted above, yet to our critics on the other branch of the profession there seems to be something on us which strongly resembles a whole brood of pediculi capitis.

Of course, we indignantly resent the base impeachment that we are infected by such a loathsome parasite, yet to demonstrate positively whether or not this is the case, it might be a proper mode of procedure to take a fine toothed comb and give a few strokes through our youthful locks to see if we might dislodge any of these little pests that our mothers so much dreaded.

It is one of the peculiar traits of the genus homo to estimate their fellows more by some prominent defect in their make-up than by any superior virtues that they may possess. Bobbie Burns does not even mention the many possible charms of face and figure that the lady at church might have possessed, but writes a whole poem about the louse that he chanced to see on her hat. This same characteristic prevails with our critics to-day, so that if we in any degree cherish their respect and esteem it will be necessary for us to rid ourselves of any of these loathsome parasites with which we might chance to be infected.

What are some of these pediculi that our critics seem to see crawling all over us through their prejudice-colored glasses? First, they see us administering our infinitesimal doses—the cm. and mm. potencies of medicines. They have been taught that these same medicines must be given in doses of one to sixty minims or grains of the crude drug in order to get any appreciable action at all, and, of course, the apparent grotesqueness of our high potency performances rather excites their risibilities. As a result, they paint us in terms of the comic section cartoon as standing on the shores of the Atlantic and pouring a drachm of the tincture of the medicine into the ocean to make our cm. potency. As a matter of fact, it is difficult for us as a profession to defend this apparently fantastical practice and make even the laity, with allopathic training, believe that there is anything but absurd charlatanism in it.

We subject ourselves justly to their criticism when we make the claim that we get results from even the thirtieth potency. To our discomfiture they will take pencil and paper and figure out the proportion of the menstruum that must be used with a drachm of the tincture to make the thirtieth potency of a remedy, and will prove by their figures that it will require one octillion gallons of the menstruum. To get us to appreciate the enormous volume indicated by these figures, they will illustrate it something like this: If the flow of water through the intake of our city water supply at the Chain of Rocks be 2,000,000 gallons per day, it would take millions of years for the amount necessary to make the 30th potency to pass through it. If this be true in relation to the 30th potency, what must it be in regard to the cm. potency? It is a fact, however, that only a very small percentage of homœopathic physicians accept the extreme phase of this tenet and have never considered it one of the cardinal principles of Homœopathy. So in this case, the fault must be laid to the asthenopic vision of our allopathic friends.

Secondly, they also accuse us of adopting the theory that we can potentize our medicines to such an extent that there will be no drug matter left, but this will develop the spirit of the drug which is much more active. Some of the prominent members of our school have stood sponsor for this fanciful doctrine in their efforts to explain the apparent inconceivable action of the high potencies. Although Dr. J. P. Dake declared, thirty years ago, in his book, "Therapeutic Methods," that this belief, held by some misguided members of the profession, was the greatest obstacle to the progress of Homœopathy, especially with the medical profession, during the last half century, yet this theory still prevails in the minds of some of the adherents of our school and is, I believe, a great handicap to our growth.

Thirdly, there is another fallacy that has come in for a share of the ridicule that has been hurled

*Read June 25, 1915.

at us, and that is the belief that drugs become more potent by trituration and succussion on account of the assumed fact that these processes break up the molecules into atoms and the atoms into electrons. It is claimed that these infinitely small particles are much more easily absorbed into the system and thus become more active. This theory is, of course, absolutely untenable, first, for the reason that even the molecule is not visible by the highest power microscope made, and hence it is ridiculous to think that shaking or grinding could possibly break up the molecules into their elemental atoms and the atoms into their supposed constituent electrons. Secondly, a molecule cannot be divided into its atoms except by chemical action, and should it be so broken up it would lose its identity as a drug, and we would have a different therapeutic agent to deal with. This theory is too absurd to be considered for a minute, and yet one can scarcely pick up a homœopathic journal without seeing the subject discussed in all seriousness.

Fourthly, they also see us giving a remedy in the treatment of diseases that has an action similar to the disease to be treated and smile at our credulity in thinking that we are making a cure when reason suggests to them clearly that such a procedure would only aggravate the disease. They are not far from the truth either if it were a fact that we gave the remedy in sufficiently large dosage to get the primary action of the drug for the reason that this action, being similar to the disease force, would undoubtedly cause an aggravation. The fact is that we do not wish to get the primary action of the drug when we prescribe a remedy in the treatment of a disease, but we do give it in small enough a dose to get its secondary action. This action being exactly opposite to the disease force will naturally resist the disease and will always tend to effect a cure.

This homœopathic principle which has never been understood by the allopathic profession nor by a large proportion of the homœopathic profession will explain all the seeming absurdities of our practice in a thoroughly scientific manner.

The terms of this principle, briefly stated, are as follows:

Drugs have a primary and a secondary action which are exactly opposite to each other.

The primary action is excited by large doses of the drug. The secondary action is excited by small doses of the drug.

We use the primary action in making our provings, but we use the secondary action in making the homœopathic cure.

Similia similibus curantur is used in the selection of the remedy, but contraria contrarius curantur is used in making the homœopathic cure.

This fundamental principle will explain why a very small dose of the remedy will often be sufficient to effect a cure because the secondary action is similar to the vital force, and hence will assist it in opposing the disease. It often happens that the vital force needs but slight assistance in combatting the disease, and in this way a moderately high potency will accomplish the result. From the fact also that the properly selected remedy will not disturb healthy organs and tissues, but acts only on the diseased tissues, it will require a very small dose to effectively make the cure.

This explanation certainly appeals to one's intelligence as much more reasonable than the idea of a spirit drug force or even the electron theory. It will also rob our allopathic brothers of much of the highly enjoyable amusement that they have been having at our expense, and will also tend to greatly clear up their colored spectacles.

6701 Michigan Ave.

THE DIAGNOSIS OF DIPHTHERIA.*

BY G. E. DIENST, M. D., AURORA, ILL.

THIS is really very simple. There is a history of malaise, pain in the back and limbs, loss of appetite, a slight chill, a rising temperature, headache; the throat is inflamed, red, swolen and painful. On more careful examination of the fauces and tonsils you observe some patches; a portion is removed with the usual swab, a culture is made, and behold! you have Klebs-Lœffler bacilla, and your diagnosis is complete.

Is it? So far as disease nomenclature is concerned, *yes*. So far as the true nature of the particular case you are called to see is concerned, no.

The popular symptoms and conditions justify the diagnosis, and also the treatment, for there is only one popular treatment for this disease nomenclature.

But you are not fully satisfied with the popular routine of examination and treatment, for on a more minute examination of your patient you find certain phenomena not mentioned in the popular conception of this disease, and you set about to make a more accurate diagnosis. Can this be done? Let us see.

You find Mary, usually very active, now apathetic, her face is red, tongue red and swollen with white blisters on the edge, the fauces appear as if glued, tonsils swollen red and as if glazed, a leathery-like membrane forming, the uvula œdematosu and as if filled with water; down and to the left of the glottis there is a white spot; there is great difficulty in swallowing; a sense of constriction (Mary says "tightness") across the throat, and the poor girl complains of choking when she lies down, and that is why you find her sitting up in bed. Her voice is hoarse, throat feels dry, yet there is little or no thirst; there are deep seated stinging or itching pains in the pos-

*Read by request of vote.

terior region of the throat, there is great prostration of the whole body; marked aggravation from heat, hence the desire for cool air; urine scanty; puffiness around the eyes; face swollen and indications are that Mary is rapidly drifting into stupor.

Diagnosis? Diphtheria, of course, but it is not the kind of diphtheria you saw yesterday at the home of Peter Brown. You have something strange and peculiar. Great œdema, tendency to stupor, thirstlessness, choking, stinging and itching pains and great exacerbation from the heat of the room. You say at once, and justly so, this is an Apis diphtheria, and you know at once what to do. Apis is given in repeated doses until improvement is marked. On your visit the following morning you see less œdema, the white spot is gone, there is less prostration, greater thirst, less constriction about the throat, and you *know* (you don't guess) that Mary is rapidly improving and will recover without complications or fear of unfortunate sequelæ.

During the day you are called to Sylvester Jones' residence, and there find Johnny sick His mother says he has a sore throat, and the boy is so nervous. He looks pale and appears restless. He has a violent thirst, taking small sips of water every few moments. He is afraid to be alone, hence his mother must be near him constantly. He will sit in a chair a few moments, then lies down on the couch, then wants to go to bed, and thus he keeps on changing. You have just asked the mother as to the time of his greatest nervousness, and she has told you that he seemed much worse soon after midnight for several nights just passed. You now approach the child for more careful examination, and the first thing you observe is great fetor of the breath, the throat is swollen inside and outside as in the previous case, but the uvula is not as œdematous, the membrane is dark, almost black, and very dry, teaching you that it has been there longer than the mother supposed. The parotid and submaxillary glands are swollen, mouth dry. There is much burning, scraping with soreness in the throat, which seems to extend to the stomach which is irritable, for you will observe a slight nausea after taking a drink of cold water.

You conclude this is a rare, a strange and peculiar condition and yet it is diphtheria. You are in the country, you have no laboratory conveniences—nor are these necessary—and yet your general diagnosis is correct. But it is not like the previous case, for this boy wants to be kept warm, and the mother has told you that he is sensitive to cold and chills easily. You sum up your case for a more accurate diagnosis and you find: Great prostration, marked restlessness, aggravation from cold, aggravation from midnight to about 3 A. M., swelling of glands, dryness of membrane, and behold! an Arsenicum diphtheria. You at once administer your remedy, and on the following day note already a marked improvement. Like the previous case, the recovery is swift, thorough and enduring—just such recoveries as every conscientious physician delights to see.

These cases seem to be improving nicely, and your mind is growing rather tranquil when you get a hurry call some ten miles into the country. You are simply told that Charlie is sick and your services are needed. You know the little flaxon-haired boy, and wonder what may be wrong. On entering the door you hear a very hoarse, dry, croupy cough with tendency to choking, the voice is hoarse or very weak. You inquire as to the sensations in the throat and Charlie says: "It is so tight here," pointing to the larynx. You will observe that coughing is brought on by deep respirations, which he is compelled to take because of this sense of constriction in the throat and oppression on the chest. As you watch the little fellow you will see that he is forced to take deep inspirations to supply the lungs with oxygen, which is sadly wanting. Take your tongue depressor and examine the throat. The fauces are dry, tonsils dry and inflamed, the tongue seems dry and swollen, there is swelling of the parotid and submaxillary glands, which are painful on pressure; but press hard on the root of the tongue and you will see the upper portion of a rapidly forming membrane, and you at once conclude your diagnosis as that of diphtheria. But it is not at all like the preceding cases. Why? Because this is in the larynx and you pronounce it a *laryngeal diphtheria*, which is pathologically correct, but it is more than this, it is a Bromine type of laryngeal diphtheria, and no remedy will give the service which Bromine has the power to give in such cases.

But why tire you with more cases of differentiation? Is not this enough to establish the point we desire to make? A large volume could be written on this subject which is not complete without one more illustration.

You are now called to one of your most valued homes to find Lizzie, the pride of her parents and the joy of your own heart, ill. You at once recognize that keen sense of responsibility which pierces the soul when called to prescribe for a favorite patient who may be seriously ill. You are informed that Lizzie has not been well for several days, but nothing seemed above the horizon save a slight passing indisposition. But during the past night the child became restless, that slight cough has grown into an unmistakably croupy cough. Her face appears purple, and you find a temperature of 2 or 3 degrees of fever. The left side of the throat is severely swollen inside and out, the parotid, the submaxillary glands are swollen and very sensitive to touch; there is great difficulty in swallowing, especially of saliva and liquids. There is at times a decided crowing inspiration, and poor Lizzie wants

to throw her head back when these attacks come on. You examine the throat, but discover no membrane, yet your diagnosis will doubtless be membranous croup. It looks that way, and this is another form of diphtheria. You feel alarmed, but do not show it. You set to work every part of the therapeutic machinery in your vocabulary, you make several calls during the day, faintly assuring the family that Lizzie is improving when deep down in your own heart you know that she is not gaining one single inch. Early the following morning you are roused out of a fitful slumber with the report that Lizzie is choking and you are wanted at once. It is then you wish for a self-starter in the matter of dressing, which seems to go alarmingly slow, but in a few moments you are out, the garage is unlocked, the self-starter in motion, the lights turned on and away you go—none too fast, however, for you know something is going to happen and you don't know what to do. Lizzie is over the paroxysm before you arrive, but what about the next paroxysm? You examine the throat again, and beneath the left tonsil and upper left portion of the pharynx you discover a bluish-like membrane which threatens to involve the right side of throat. The child whispers that her throat is so full it is almost closed; you can hear her breathe across the house, and you are about to declare the case fatal when the mother informs you of a strange and rare and peculiar condition, namely, that when Lizzie is awake and sitting up she has no paroxysm of choking, but as soon as she falls into a sleep sufficient enough to lose consciousness she is suddenly awakened with a paroxysm of choking. Why didn't you know this before? Well, you didn't. Your thoughts now become reconstructive, and you begin to reason:

i. e. 1. Choking on going to sleep.
2. Great sensitiveness to touch of parts affected.
3. Throat aggravated from swallowing saliva or liquids.

Aha! You now see light. It is membranous croup, it is laryngeal diphtheria, it is all that in huge abundance and full measure, but you say it is more than that, for these are but generals, and you have discovered a particular, a peculiar name, such as few know anything about, a rare name, yet so very fitting, for you have found it to be a Lachesis form of laryngeal diphtheria; and what a load rolls off your shoulders! You now know what you have, you now know what to do and you do it. You return in the afternoon to find Lizzie better, late in the evening much better, and on the following morning she is sitting up, cheerful, slept reasonably well, had no further choking attacks, respiration better, some appetite, hoarseness better, and temperature normal. Can you beat it? And yet this is just what you have accomplished.

Too much work? Too many points of particulars in determining the diagnosis and prescription? It is not as difficult nor does it take as much time as a laboratory diagnosis. Then, again, no laboratory can make such an examination, reach such conclusions and prescribe such remedies.

Ambition and a love of the truth says, keep on writing; your patience or impatience says stop, and right here, after expressing my gratitude for this privilege of meeting you, and thanking you for your listening ears and considerate discussion, I bid you adieu.

SEPIA.

BY T. H. HUDSON, M. D., KANSAS CITY, MO.

TODAY we introduce to you a foster sister of our fair haired, blue eyed, smiling, tearful heroine of fickle fame. Bear in mind that though unrelated by any ties of consanguinity, they yet resemble each other quite markedly in some features and yet are quite unlike in others. Temperamentally, she of the sunny eyes and hair is more impulsive, more hoydenish, more in evidence; the other, more sedate, quieter, less obstrusive. Our blue eyed girl has a clear complexion and rosy cheeks, susceptible albeit of sudden pallor. She has ruby lips now, that next moment may blanche white as a frosted window pane. Her foster sister is sensitive, too, yet less emotional, less demonstrative, quite as tearful, quite as depressed, but more irritable and often indifferent, which Pulsatilla never is. She may be joyous, she may be sad, but indifferent she is not. When I tell you that this girl has dark hair, usually, a fine skin, that is, fine in texture, and a poor complexion, usually marked by moth spots, brown or yellow spots, with a special predilection for the nose, which they fit like a saddle, you will be able to recognize Sepia.

The remedy you will recall as the juice of the cuttle fish, dark brown in color, carried by the fish in a bag or pouch and used both for defensive and prehensive purposes. In either case the fluid is injected into the water, which it discolors and thus affords opportunity of escape from pursuit of big fish, as also the means of befuddling and seizing little fish, for fish, like men, prey upon each other. Nor are fish and men unique in this. It seems to be a law of the whole animal creation.

"Fleas have fleas upon their backs to bite 'em,
And little fleas have lesser fleas, and so ad infinitum."

This juice, or ink, of the cuttle fish is extensively used in one of the fine arts—that of painting. The misfortune of a painter becoming poisoned by it first brought it to the attention of the Great Apostle of Homœopathy as a possible remedy, which possibility his provings verified. And although the first prover was a man, Sepia speedily proved itself a friend of women, and its spe-

cial field within the reproduction sphere. As this is its special field of work and having naturally gravitated towards it, being here, we will investigate its action in this apartment before following it elsewhere. In the first place then it has the power to cause and to rectify uterine displacements. It might well be called a depressor in the sense of a down presser, for one of its most prominent subjective symptoms is a sense of bearing down to such an extent that the prover or the patient complains that everything will be pressed out, and she must sit down and sit close and with limbs crossed to avert, if not the calamity itself, the sense of it. Indeed there is the possibility of such calamity occurring, for under the drug the uterus becomes turgid with blood, engorged, enlarged, tumefied, and under such conditions prolapses, procidentia, retroversion, anteversion or some displacement follows easily, naturally, and as a matter of course. There is backache through the lumbar region worse when standing or walking with burning, clutching pains in the uterus, scanty and late menstruation, usually though the reverse condition sometimes obtains.

Lillium tigrinum is a close congener. Both have pelvic weight, backache and leucorrhœa, acrid and excoriating, yellowish green under Sepia, yellowish brown under Lillium, both feel the need of uterine support, and so must be differentiated by other symptoms not so nearly similar. For example, Lillium provers are hurried and driven with a feeling of inability to accomplish purposes, and an apprehension of some impending calamity. It also has sympathetic conditions extending to adjacent organs. The urinary organs are too active or seem so from desire to urinate and the urine is hot or seems so from the irritation of the urethra. The bowels also are urgent, especially mornings, driving the patient out of bed, like Sulphur, and fecal matter is also acrid and excoriating. A distinctive feature in the modality of time is that Sepia symptoms are better afternoons, while most Lillium symptoms are worse.

In the reproductive sphere Sepia has several congeners. Murex is like it, but Murex is associated with ardent sexual desire, which desire also characterized Platinum, and Platinum also has uterine displacement, due, as Dr. Hughes says, to straining at stool. The mental symptoms of Platinum would serve to differentiate. Pride, haughtiness, egotism are characteristic.

Aloes and Podophyllum both bear some resemblance to Sepia in the lower abdominal regions. But the troubles of both start higher up, and the patient's previous history will tell you that they complained in the hepatic region first. This is especially true of Podophyllum, though both eventuate in bearing down, abdominable crampings, notably worse early morning, associated in the case of Podophyllum with great weakness immediately after fecal evacuations, and in the case of Aloes with a perineal plug, which, as some one has observed, strikes the patient midway between wind and water causing a feeling of uncertainty as to whether he wants most to urinate or defecate, and resulting sometimes inopportunely in both.

But all these congeners, near and remote, you can get at your leisure. They require time, study, patience, perseverance. Many of them are much alike, but their distinguishing features become more prominent and pronounced by familiarity. Cimicifuga, another friend of womankind, has features like Sepia, but belongs to the rheumatic diathesis and is far more active and alert, more nervous, more excitable, has hallucinations, sees rats, mice and other vermin, and declares the top of her head will fly off. Even Graphites has Sepia symptoms and a symptom like Cimicifuga, which I forgot to mention, of pains from back down limbs. But Graphites belongs to fat women who notwithstanding their flesh are ænemic and cold, scurfy and herpetic, sweaty and odorous, rough skin and hard, cracked and bleeding or oozing a sticky, gluey discharge.

Many points of similarity, many points of difference, which to know marks the difference between artisan and artist, between amateur and professional.

Now having been inveigled into this favorite haunt of Sepia and lingered longer than usual, let us return to the top. Not the top of the head, but the top of the top, the mental sphere. I have but little doubt but that as you grow in years and in the practice of medicine you will find yourselves giving more and more attention to the symptoms of the mind. For "'tis the mind that makes," or mars, "the man." In the outset, we said that Sepia and Pulsatilla were only foster sisters and you will observe this mental divergence that while Pulsatilla wants consolation in her troubles Sepia will have none of it, or is absolutely indifferent to it. She is even more and worse, she often gets an aversion to her closest of kin and dearest friends, and her indifference to their opinion, or good or bad, leads her to manifest her aversion without any attempt at concealment or disguise. Remember that in the mental sphere indifference is as plainly marked as the yellow saddle across the nose, and that is a dead give away. Causticum also has a yellow face and sadness, but the sadness comes just before the menstrual period, with anxiety which smacks more of timidity and fear than indifference.

Natrum mur. also has a sallow face, a thin neck and sore corners of the mouth and is much like Sepia in the matter of indifference, neither does she want consolation. But her indifference is due to hopelessness, a languid don't care, let me die sort of disposition, aggravated to be sure

by vexatious things, but too weak, too languid to make resistance, while Sepia, if spurred by anger, or officious attempts at consolation, has sand enough, grit enough, backbone enough, to make a fight. The mentality of Sepia finds its congeners among several of the same mentioned in the reproduction sphere. Lillium, for example, and Sepia must both be busy, active, that is, are better by exercise. But the relief to Lillium comes through the mind, the diversion of employment affording relief to sexual desire, and to Sepia by relieving through physical exercise venous stasis and thus relieving engorgement of reproductive organs. A good Sepia patient is incapable of sexual enjoyment. Has no passion, no desire. Does not suffer pain in coitus, but is indifferent. Thus you see indifference is a characteristic.

Next to mental symptoms would naturally follow symptoms of the head and as headaches are the most common ailments with which you will meet it may be well enough to make some comparisons. Here again Pulsatilla and Sepia vie with each other in producing one-sided headaches, hemicrania, and you will find a good many of this kind. Pulsatilla is quite a one sided remedy. I have seen two or three or more Pulsatilla patients who perspired on one side only of the body, and the dividing line was as exactly in the middle as if drawn by a draughtsman. Both have dim vision, throbbing pains, scanty menstruation, nausea and vomiting and white coat on tongue though not so white as that of Antimony, which, if you remember, I compared to snow. Sepia also has heavy eyelids like Gels. and Causticum, both may have red face during headache, but beneath the red or after the headache will be seen the pallor of Pulsatilla, while under Sepia the yellow ground is observable.

Belladonna also has a hemicrania, but it belongs to the full blooded, red faced folk. It throbs and thumps and jumps and bumps, is worse, naturally worse from the recumbent position, and cannot, will not tolerate noise, light or motion, especially sudden motion in the way of jolts or jars.

Sanguinaria and Spigelia have a one sided headache starting in the occipital region traveling to the frontal, running with the sun, reaching a climax at noon, Sanguinaria coming in seven day periods and choosing the right frontal region, Spigelia preferring the left and landing over the left eye. Menstrual and other symptoms will distinguish them from Sepia. Nux vomica often chooses one or other side and feels like a nail driven through the skull, the difference between it and its blood kinsman, Ignatia, being that Ignatia feels as if the inside were driven from within outward. Arsenicum has a left sided, left eye headache that makes the subject hot physically and mentally. That is, it burns the flesh and makes the spirit angry. Makes the patient feel, as the boy said of the preacher, "as if he wanted to cuss."

Sepia has an indigestion which calls for acids, pickles, et cetra, which seem to agree. The remedy is a large and important one, and one often indicated. If any of you make of gynecology a specialty it will be among your great remedies. An hour lecture can only give you hints. Among the high points to remember is mental indifference. Indifference to husband, children, family, friends, marital pleasures, social and domestic duties, things and people of which and whom she was formerly partial and to which and whom she was attached. Sepia weeps, to be sure, so do many other remedies, gets angry so do others, is unconsolable, so do others, is indifferent, so are not many others. Platinum is one, but Platinum is the big, little you remedy, and it induces uterine induration.

Another high point is the "tell tale" face. The yellow spots, especially the sallow saddle across the nose. Chelidonium, Nux, Causticum and others have tarnished complexions and some have spots, but they are referable to other viscera —other than those haunted by Sepia.

Dunham says that Sepia supersedes all local treatments for congestions of the neck and mouth of the uterus. Guernsey recommends it in displacements with labor-like pains which compel her to sit with limbs crossed to prevent expulsion of pelvic contents.

Hahnemann made the first proving and recorded this symptom—Bearing down with dragging pains from the sacrum as though all pelvic organs would press through the vagina. Another keynote is flashes of heat followed by weak, faint feeling and perspiration. Another is alternately hot and cold feet or hands. Another is a sense of eruptions in the abdomen with a ball in the rectum. You can remember this by comparing the uterus to the Dragon in John's revelation, who, in his downward flight, drew the seventh part of the heavenly bodies after him, and upon reaching the pit, had attached to him the chain to which in the case of Sepia you may add the ball.

Diseases of the Nose and Throat. By Algernon Coolidge, M. D., Professor of Laryngology in the Harvard Medical School. 12mo. of 360 pages, illustrated. Philadelphia and London. W. B. Saunders Company. 1915. Cloth, $1.50, net.

This book is a guide to the student and practitioner for clinical work in diseases of the nose and throat. Discussions for and against the various operations form an interesting part of the book. The deductions following, however, are not such as would be always agreed to by homœopathic physicians who can cure adenoids and enlarged tonsils in most instances by medicines.

ORGANON (10).

BY T. H. HUDSON, M. D., KANSAS CITY, MO.

ONE of the tests of a true homœopathist is the use of one simple remedy at a time. My instruction to patients removing to a new community is that in the selection of a physician they choose one who uses a single remedy and does not alternate remedies. Remedies are proven singly and must be so administered. No unproven remedy can be intelligently prescribed. Aconite and Arsenic, Belladonna and Bryonia have not been proven together, therefore they cannot be conjointly prescribed.

Nor is it advisable to make provings of mixed drugs. Nature has individualized, so should we. Nature has placed in each plant its component parts and reared them together, brought various inorganic elements into one complete and perfect individual. Each individual possesses its own characteristics. Familiarity with these characteristics will enable the physician to apply them advantageously, but will not enable him to surmise with any certainty the effect of any additions thereto.

A single simple remedy if it be appropriately selected will accomplish the desired purpose, perform a cure or remove the symptoms to which it is similar, leaving others all the more conspicuous for the next best indicated remedy. Should the physician make the mistake of selecting an inappropriate remedy no harm will result for if the remedy finds nothing to do it will do nothing, and while no benefit will accrue, no harm will be done; the patient's condition will remain the same in so far as the misapplied drug is concerned and the physician by a more careful selection may meet the requirements with a perfect similimum. And even should a wrongly selected remedy develop a new and different train of symptoms the astute observer will recognize such symptoms as effects of the wrong remedy and may profit by the exeprience while the patient, though not benefited, may not be seriously damaged.

If the right remedy be given in a dose too large, not a new train of symptoms will result, but an aggravation of those already present, in which case the remedy should be suspended until the aggravation ceases, after which amelioration will follow.

The fact that too much even of the right remedy will cause an aggravation leads us to one of the fundamental rules of Homœopathy. The smallest amount of medicine capable of accomplishing the desired result is the proper amount to give. If it be borne in mind that subtlety not bulk, dynamic energy not physiological force, psychical essence not a corporeal body is the desideratum, the danger and the frequency of aggravation by over dosage will diminish. If it be further borne in mind that good is infinitely more powerful than evil, and that this is increasingly applicable in the higher psychical realms, we can understand how a modicum of good may overcome a ponderous evil.

Furthermore, if the law of similars embraces the law of suggestion, as we believe it does, the life force of the animal needs but a hint or whisper from the life principle of the friendly ally in the mineral or vegetable world to render it irresistible and almost invulnerable.

A diseased body is extraordinarily sensitive to impressions. An inflamed eye, for example, is rendered frantic by light, which to a healthy eye is only grateful. Especially is a diseased body or organ sensitive and susceptible to influences which affect it healingly and move it in the right direction. Such organ or body is waiting, watching, hoping, praying for such influence, ready, willing, joyfully ready and willing to accept the proffered aid. The strongest and most robust adult if troubled with the slightest chonic ailment will respond to a remedy and a dose which would in no way affect a healthy babe. If, therefore, the higher attenuations of a single remedy be administered, nothing but good can accrue from a right selection, and no harm develop even from a wrong one.

A definite quantity of a remedy when divided into small doses has more power than when given all at one time. By careful watching of results the physician can by such division of a given quantity avoid the aggravation which would attend the exhibition of a dose too large, or the unnecessary repetition of the smaller dose. It has been estimated that eight drops of a tincture given in one dose, at intervals of four hours, have only twenty-five per cent. the power—produce only twenty-five per cent. the effect—of two drops of the same tincture given hourly for four hours. Dilution even with water adds to the power and efficacy of a remedy. But such dilution made at the bedside with water as the vehicle, a tumbler and spoon for mortar and pestle, acts very superficially and inefficiently compared with an intimately mixed and uniformly prepared remedy supervised by pharmacist or physician, where proper proportions of water and alcohol perfectly combine with the remedy and where facilities exist not only for mixing but thoroughly incorporating the remedy with the medium.

Even at the bedside with no finer preparation than a tincture and no better excipient than water, the power of the remedy may be greatly increased and its medicinal virtue enhanced by the use of a pint bottle half full of water containing one or two drops of the tincture. The volume of water through which the remedy may be disseminated by the vigorous use of a good right arm, becomes every drop and molecule pregnant with remedial virtue.

Since such a bulk of the menstruum is inconvenient and clumsy, and since the force of the

drug is enhanced by division into minute particles, it follows that as a saver of the physician's time and energy and as a multiplier of drug energy that it were best to prepare the drug beforehand under more favorable conditions, under better auspices, with a better menstruum than water, and that instead of dividing the drug a few hundred times as with the half pint of water, to be divided many thousand times by a permanent medium which, in addition to permanency, affords the advantage of decreased bulk.

But the minute division of a drug is but a step toward the development of power infinitely greater than the material of which the drug is composed. Every existent body has come into existence and contains a soul, or spirit, or life principle, through the instrumentality of which its body has been built. When this body has been dissevered, divided and subdivided, triturated and comminuted to the last degree of which it is susceptible of division or comminution it surrenders to its environing media the vital principle—the life force—which brought together and held in continuity the atoms and electrons of which its body was composed and the surrounding media becomes instinct with life, the life of the dismembered drug. And this life now contained by, and reposing in, an otherwise inert vehicle, is ready for assimilation and assistance of life in a higher sphere, and the life which formerly vivified a vegetable or mineral body is now capable of assisting an animal body by conjunction of its life force with the life force which animated the body of man.

It is not now necessary that this released vital principle should dive to the depth of the stomach or travel the circuitous intestinal route to reach an aching tooth or an aching toe. If one member suffer all members suffer with it, and every member, every organ, every tissue of the body is anxious, alert and active to speed the remedy towards its destination. Every vein, artery and capillary is a railroad, every blood cell a palace car to convey it, every nerve fibre a telegraph wire to clear the track for a speedy transit, at every crossing a nerve cell switchman to switch the switch and direct the course, and in the central office the supervisor of all the lines, watchful, careful, sure that no impediment obstructs swift passage of help to the suffering citizen of the body corporeal. Only allow the properly prepared and rightly chosen remedy to but touch the tongue, and it is off and away swift as light on its mission of relief.

It is possible even to send the message and bring relief by placing the remedy in contact with sensitive peripheral nerves of the skin, but to accomplish this it is necessary to use a stronger remedy, spread over a larger surface and perhaps stimulation of the nerves by friction, and this through no absorbent power of the skin, but by contact with tips of terminal nerves.

The employment of drugs as palliatives has given rise to the practice of administering large doses—the practice of administering as large doses as can be borne. The true method reverses this and prescribes the smallest dose capable of accomplishing the desired result.

The palliative plan proposes to oppose and overcome disease symptoms by opposite known symptoms of drugs.

The remedial plan seeks to remove disease by coinciding with nature's efforts for its removal as manifested by drug provings upon health. Although the first effect of a palliative may be grateful, the after consequences are always mischievous, often disastrous.

The first effect of the similimum may be painful, the after consequences will be grateful and healthful. For example, the immersion of a burn in cold water brings at first a sense of relief with subsequent aggravation, while the opposite plan of exposing a burn to slight heat induces at first, and very briefly, an increase of pain, followed directly by permanent relief. The former plan drives from the exterior towards the interior, while the latter invites from the interior to the exterior. This is the direction in which disease should travel, *must* travel in order to its elimination.

The rule of Contraria Contraris Curenter can at best but palliate. The law of Similia Similibus Curenter cures. Under the rule of Contraris, after the palliation, the original symptoms return with increased severity, for to them is added and with them comes the drug symptoms of the palliative. Under the law of similars if there be an aggravation it is transient and temporary. There are no superimposed drug symptoms to handicap the healing process and relief is pronounced and permanent.

Palliative treatment pursues a course entirely different from homœopathic treatment. Palliation relieves at the outset with increasingly less relief as time goes by, and with the necessity of increasing doses to the limit of toleration, all the while adding drug pathogenesy to the existing malady.

All medicines are palliative, which must be given in material doses to obtain results, and all material doses must be constantly increased if palliation is to continue. It does not follow that all material doses are palliative. Instead of being antagonistic, a material dose may be homœopathic, and instead of palliating may aggravate. In such case after aggravation relief will follow, and the lesson to be learned is that the dose was too large, and should have been divided, perhaps subdivided, perhaps minutely divided, perhaps so infinitesimally divided that material force shall be transmuted into dynamic energy.

Only in emergencies should material doses be employed and these only as immediate and tem-

porary aids, to be followed if necessary by the homœopathic remedy.

The law for selection of the homœopathic remedy is that the remedy shall correspond to the totality of symptoms. If, however, there should be some minor symptoms which seem not to coincide with, nor come into the category of the major and principal symptoms, we may well afford to ignore them, select the similimum to the pronounced and important symptoms and depend upon the sentiency of the remedy far subtler than any sense of ours to seek and find and eradicate conditions which to us seemed incongruous or even antagonistic. Such incongruity and antagonism was only apparent. No fear but that these minors will fall into line with the majors, and with them disappear or at most cease to exist with the cessation of drug action. Remember that drug action may last indefinitely, or, at least, for a long time, and that these insignificant, apparently antipathic symptoms, may last coextensively with the action of the remedy, but they are inconsiderably unimportant and may be safely consigned to the soothing and satisfying effect of the placebo.

This closes, though by no means completes, our study of the Organon. We have skimmed it, but we have only gotten a modicum of cream, for it is cream all the way down and all the way through. Or, if to change the simile, we compare it to a mighty river, we have scarce done more than play along its pebbly banks or wade into its silvery ripples. Coming years and widening experience enable us to sound its profounder depths and bring to the surface treasures never yet revealed. The author of the Organon was a diligent student, a profound scholar, a wise philosopher—all these and more, he was a seer, a prophet, whose foreshadowings should have enabled his followers (had they but built wisely, well and rapidly upon the foundation laid by him) to have erected a superstructure which would have astonished and enlightened the world. Had his suggestions in the psychical realm been followed up and followed out that misnomer, Christian Science, could never have had an existence. The section upon animal magnetism if viewed by the light of preceding sections upon vital force of animals and the dynamic energy of remedies would (had it been carried out in practice) have made his theory and practice supreme in the psychical realms, and no pseudo science or fake science could have found standing room upon earth. As it is the delusion called Christian Science abjuring all remedies save the one, which to our shame we have neglected, concentrate upon that one, and, again to our shame be it said, make cures which we with a thousand other remedies can not make. Why? Because there is no substitution of a wrong or even a partly right remedy for the remedy—the right remedy—the only one right remedy. It happens in the providence of God and in the constitution of man that direct animal magnetism or mesmerism or hypnotism or mental suggestion or by whatsoever designation, they are all one, is, for a percentage of cases, the one only right remedy, and nothing in earth, air or water can be substituted for it.

Hahnemann says, that "this remedy differs greatly from all others," but "that of its efficacy none but mad men can entertain a doubt."

So now our dear students, our dear fellow students, we leave the Organon in your hands with, let us hope, some of its benignities in your hearts and some of its scintillations in your heads to the end that more intimate acquaintance with it, profounder knowledge of it, and deeper love for it may so guide your lives that they shall be such a blessing with it as they could never hope to be without it.

THE DEPRESSED FRACTURE OF THE SKULL—SEQUENTIAL EFFECTS.

BY DAVID M. GIBSON, M. D., ST. LOUIS, MO.

INJURIES to the skull are well recognized causes of remote effects upon the cranial nerves and depression of the tables of the skull often bring about conditions and symptoms that appear after the injury has been almost forgotten. So remote sometimes are these symptoms that it takes a good deal of investigation to determine what may be the probable initial lesion.

It is a case of this class to which I wish, briefly, to call your attention.

Mrs. S., aged thirty-two, the wife of a laborer, began, without apparent cause, to complain of headache and a gradual loss of vision in both eyes; this pain was referred to the top of the head and was described as intense, of a dull, aching character, causing dizziness when it persisted for a few hours, generally, but not always, relieved by rest, aggravated by physical exertion and always made worse when the eyes were subjected to a strong light; the worse the headache the less she could see and vision was always worse during the entire afternoon. Her general health was good and she was strong physically.

Careful examination failed to reveal any lesion of the stomach, bowels, kidneys or uterus. The pupils were dilated and sensitive to light and reacted slowly.

Medicine failed to afford any relief and the condition continued to grow worse. Examination by an oculist, at this time, was made and his report was anything but encouraging. Vision in both eyes 1-20, evidence of pressure of the optic tract, cause not determined, and a prognosis of speedy and complete loss of vision.

We now began a second investigation for a possible history of injury when the patient related to us that some three months previous that,

while searching in the drawer of a combination book case, she raised her head suddenly and came in violent contact with the corner of the oaken door that had meanwhile swung partially open.

This injury had occasioned violent pain at the time and she had been obliged to remain in bed because of it for the next twenty-four hours, but it gave no further trouble barring some soreness and had in no appreciable manner affected the eyes.

Examination of this injury showed it to have been just forward of the occipital-parietal suture line and one and one-half inches to the right of the median line, there was a slight thickening but no adhesion of the scalp at this point and we fancied we could detect a little depression of the bony structures. This point was tender to pressure and positive pressure intensified the headache. Since the symptoms continued to grow worse we advised operation in the hope of relieving the headache at least, but this was refused, but at the end of a week's time, during which time her suffering was extreme, she requested that anything be done that would afford even temporary respite. After twenty-four hours' preparation the patient was anæsthetized and the head previously shaved and in some measure sterilized was marked into the bone with a small drill; the scalp flap was turned back and the trephine applied in the usual manner, placing the pin of the instrument in the mark made previously by the drill. A button of bone was removed and we observed a spicula of bone from the inner table of the skull pressing down on the dura. This sliver was attached to the posterior aspect of the opening and extended half way across it, depressing the dura one-eighth inch. This fragment was easily fractured and removed and the opening enlarged in the direction of its attachment.

The flap was now replaced and sutured, no attempt being made to close the bony opening and the wound dressed in the usual manner. Recovery was uninterrupted and uneventful; the headache was relieved at the end of twenty-four hours and light could be tolerated in forty-eight hours. At the end of fourteen days vision was eight-twentieths for reading and ten-twentieths for distance. At the end of a month she appeared as well as ever and complained neither of defective vision nor pain in the head. One year after the opening in the skull was filled with a dense unyielding substance and was not tender to pressure. Save for an acute attack of bronchitis, the woman has remained in good health since, a period of about fifteen years.

Magnesia phosphorica 6x.

Should not be forgotten in spasmodic coughs with scanty if any expectoration.

THE TOXEMIAS OF PREGNANCY.

BY HERMAN H. HEPER, M. D., KANSAS CITY, MO.

IF I were asked to name one of the most dangerous conditions of gestation, unhesitatingly my answer would be toxemia.

The modern examination of the pregnant woman is not the result of a fad. Gradually it has been evolved from long experience. From a diagnostic standpoint it is very important. From the standpoint of Homœopathic treatment its importance cannot be estimated.

Out of this evolution have grown obstetric ideals. New standards have been set by every practitioner, but the aim from all time has remained the same, make labor a thing less dreaded, a condition with all dangers eliminated, a race of constantly increasing health and efficiency.

The aim of this paper is to make two points. Briefly and with some emphasis. The observations and conclusions are made from a series of cases studied with this aim in view. They may differ from your experience. In that case an excellent opportunity for profitable discussion is presented.

Puerperal eclampsia and renal insufficiency will not be directly considered. Their great importance has made them thoroughly and completely discussed. But the vague cases, those which are easily over-looked and lead to grave consequences, are the ones that will be considered.

Indigestion is, perhaps, one of the most dangerous pitfalls we are liable to encounter in these vague cases. A woman presents herself with slight disturbance of digestion, poor assimilative function, loss of appetite and substernal pain. A very trivial appearing condition which does not yield to restricted diet and apparently indicated remedies. Before we are aware of it the patient is delirious or comatose, sphincters relax, death seems imminent, labor is induced, but without the salutary effect in other forms of toxemia. The innocent appearing indigestion proves to be a hepatic toxemia.

Substernal pain, very *low urea.* Broken down blood cells form the trio of danger signals. As to the treatment that I would like to get from you.

Not long ago a young woman presented herself for examination, which illustrates another vague type.

Excessive systemic alkalinity shown by the tongue, which was large, fissured, red. Heart sounds accentuated far more than normal in pregnancy, urine strong alkaline, no casts, albumin, urea normal. Blood pressure 100.

Two facts stood out with prominence. Excessive alkalinity, depressed sympathetic system shown by a low systolic register.

A prognosis was given that the alkaline condi-

tion would be easily relieved, but that the labor would be extremely tedious on account of the depressed sympathetic system. The assertion proved true. Without exception low blood pressure has been accompanied by tedious labor, both in primipara and multipara.

With a high blood pressure physical examination will discover one or more tender areas over the visceral organs, thus showing the organ congested and the organ therapy indicated. While these observations have been made on quite a number of cases it might not be sufficient to make definite conclusions, yet the three following would be suggested:

1. The routine examination of the kidney alone may mislead as to the presence of toxemia.
2. That a blood count, blood pressure and complete examination are always indicated if we are to attain our standards in obstetric work.
3. That the study of the sympathetic nervous system through blood pressure readings may point a way and suggest measures to overcome tedious cases of labor when the fault lies in the nervous system and not in the birth canal or fœtus.

THE CONVERSION OF OCCIPITO-POSTERIOR INTO NORMAL POSITIONS.

BY L. C. M'ELWEE, M. D., ST. LOUIS, MO.

TO the incredulous or otherwise the lucky practitioner, the reading or having mentioned, this title is apt to provoke a smile of derision, but not so to the midwife (male or female) who has had to deal with one or more such cases.

What the percentage of relative frequency of occurrence of these cases is we do not know nor have we made any attempt to ascertain. Because statistics, nor full knowledge thereof, will be of any help to the accoucher who finds himself "up against" such a case. By way of further comment we wish to say that prior to my discovery and development of the following technique there was no kind of a case which struck deeper terror into the heart of the writer than an occipito-posterior position, especially where the diameters of the maternal pelvis and fœtal head were nearly the same. Add to that the further complication of primiparacy and you have a maximum of unwelcome conditions. They are particularly unwelcome because there is no external manifestation by which he who runs may read, but on the contrary, aside from the unsatisfactory quality and unavailing effect of the pains, all is apparently well.

The husband, the nurse, and the neighborhood gossip and even Mrs. Poll Pry sit inanely by and cheer up the patient by kindly meant, but often irksome words of consolation and entreaties to be patient as the hours drag wearily on. Unless the accoucher has the assurance of the ability and power which is easily his, he is an object of abject pity as he sits by and hears all this bedside babble as hollow mockery for, having diagnosed the position and realized the complicating conditions, he knows full well (or will soon learn) that unless he straightens out this terrible tangle that the patient is in for an extra hard time or maybe a dead baby, or still worse a frightfuly torn perineum. He for a lame back, a smarting conscience and a ponderous jag of mortification and miserable professional shame. Let me assure you, brethren, that this gruesome picture is not overdrawn nor are its shadows at all too deep, and those of you who have "stood in the shoes" just now depicted know it all too well.

But despair not. For better things are in store for you or any one willing to profit by the simple facts gleaned by us in the fields of sad experience; in the valley of shadows and in the very presence of death himself,—in fact, he was our chief ally, for we would not have learned of these possibilities had he not preceded us in our visit to the first cases where the presently to be described plan was executed. Both babies were dead and therefore we did not hesitate to perform the following manipulations.

Diagnosis.—Before the plan may be at all thought of, the operator (for it is a capital operation) must be able to *absolutely know* the exact position of the fœtal head within its relation to the mother's pelvis. Presuming this to have been determined it is necessary,—1st, to have a plentitude of assistants—three absolutely necessary—five better; trained assistants are best, but untrained will do; 2d, to have the patient in the most accessible position possible (a table 4 feet x 2½ feet is quite satisfactory), covered with comforts, a clean sheet and a Kelly pad; 3d, to have her under complete surgical anæsthesia (chloroform preferred); 4th, a good, strong overhead light, somewhat to the left of the operator; 5th, an abundance of Bichloride solution (1 to 2,000), rubber gloves, sterile forceps, and confidence enough in one's self to believe that one can properly do the work. Then tie a bandage or handkerchief around your forehead to hold the perspiration out of your eyes and off your nose, seat yourself comfortably in a straight chair or piano stool in front of the patient who is in the lithotomy position with perineum just in front of the edge of the table, the thigs flexed well over the abdomen and held there by an assistant on each side until delivery is finished. There should be a chair or stool or other suitable object on either side of the operator to support a large pitcher at his right filled with hot water in which to rest his forceps when out of his hands, and a large bowl of Bichloride solution about 110° Fahr. at his left with which to rinse his hands from time to time, so that at

the word from the anæsthetist he is ready to begin.

The first thing to do is to catheterize the bladder to guard it against possible rupture from prolonged or too vigorous traction. The rectum having been previously emptied by enema before the anæsthetic was begun, the vulvar hair clipped and vulva washed (not scrubbed) with a good quality of plain soap and rinsed off by a copious pitcher douche of hot Bichloride, 1 to 5,000, and we are ready to begin *very deliberately*.

Every manual and digital movement must be at once cautious, gentle and efficient. Remember that the present few moments are fraught with the most momentous possibilities for weal or woe to those mostly interested and proceed accordingly. Before making any attempt to apply the forceps make sure that the cervix is dilated to its fullest capacity. This you can accomplish readily and safely with your fingers if necessary; first by two or three introduced into the cervix with their dorsal surfaces opposed and making traction on the rim of the cervix flexing the fingers, then by gradually adding one or two until all four fingers of both hands are working opposed to each other, turning them now and then on their axis so as to dilate in every direction. This manipulation has the advantage of incidentally dilating the vagina and vulva sufficiently for all intents and purposes. If the amnion has withstood the manipulations and is yet intact, it must now be ruptured and when the amniotic fluid has all escaped, the forceps are applied *to the axis of the fœtal head*. THIS DETAIL IS IMPERATIVE. The head is now pushed up above the brim of the pelvis and the occiput brought to the first or second position according to which of the two it is nearer. Traction is now made so as to induce as much flexion of the fœtal head on its chest as possible and continued with periods of periodic intermission closely simulating nature, in the line of carius curve until the inferior strait is reached. The forceps are likely to be inverted during the first part of manœuvre. During this time it may have been convenient to remove and reapply the forceps several times, which we would strongly recommend for the purpose of resting the fingers and forearms of the operator and renewing cervical dilatation. *Bear in mind that no amount of force (traction) greater than that which can be exerted by the flexed forearms or borne by the operator's unprotected hands must be used.*

When the fœtal head has been brought to the floor of the pelvis it is, of course, in the normal position and may be left to be delivered by nature's forces or delivered artificially at the discretion of the operator. The writer has always completed the delivery without waiting for the patient to awake from the anæsthesia and the pains to resume, but if anyone is at all impatient or in a hurry, it were seemingly better to leave it to nature to push the head over the perineum. The disadvantage of this plan lies in making the operator the subject of ignorant or malicious criticism which he might likely escape if he completed the delivery even though it be accomplished with more or less perineal laceration, though it is the writer's opinion that the perineum may better be protected by the forceps when the operator is sufficiently deliberate and skillful.

1221 N. Grand Ave.

HOMŒOPATHY, ITS USE IN OBSTETRICS.

BY A. C. PUTNAM, M. D., MARSHALL, MO.

OBSTETRICS is a big subject, so also is Homœopathy, but the relation of Homœopathy to obstetrics, or rather the field of operation for the homœopathic remedies in obstetrics, is the subject for consideration. Early during pregnancy the general practitioner, or the obstetrician, is called in for something that will relieve those early months of pregnancy of the much dreaded gastric derangements. In some cases nausea and vomiting are almost continuous. Some of the symptoms and the indicated remedies will be considered. Nausea and perhaps vomiting, with thirst and fear of being in a crowd, or of being in a busy place, fear of death. Everything tastes bitter, except water. This is one of the very peculiar things of this remedy, water tastes natural while everything else is bitter. Burning sensation extending from the stomach all the way to the mouth and along the dorsum of the tongue. Aconite will relieve this condition. Cantharis has gastric difficulties accompanied with frequent micturition, with cutting and burning pains, only a few drops being passed at a time. Sensation of fulness extending from abdomen into chest after taking coffee. Burning in region of the pyloris. Vomiting with violent retching and severe colic.

Helleborus. Urine scanty, dark and depositing a coffee ground sediment. Nausea, yet hungry; the food is repulsive, although the taste is natural. Intensely painful burning in the stomach, extending into the œsophagus.

Ipecac. One continual sense of nausea, not a moment's relief. Vomiting of large quantities of mucus. Vomits just after eating. Distress in stomach; it feels relaxed as if hanging down.

Nat. Mur. Waterbrash, like limped mucus, profuse and constant. Always awakens with headache in morning. Has a strong aversion to bread. Clawing in the pit of stomach. Feeling of great hunger, as if the stomach were empty, but no appetite. She always has heartburn after eating.

Sepia, has vomiting of milky water, or milky

mucus. Sense of emptiness at the pit of the stomach; the thought of food sickens her, inclination to vomit in the morning when rinsing her mouth. She cannot ride in the morning on account of nausea. Painful feeling of hunger in the stomach.

Sil. Hungry but cannot swallow food, it is so nauseous. Tastes food long after eating. Violent palpitation of heart with nausea. Taste of blood in the morning.

Staph. has one symptom in common with Ipecac, sensation as if the stomach were hanging down, relaxed. The difference between these remedies being that the Ipecac stomach is empty with the relaxed sensation, while in Staphysagria the sensation comes when the stomach is full. Extreme hunger even when stomach is full of food.

After the nausea has been relieved the patient will sometimes develop a constipation, which, without the aid of the Homœopathic remedy, would be a very annoying condition, for purgatives only relieve temporarily and when the primary effect has worn off leaves only an aggravated condition, but here again we call into use the indicated remedy. Some of those indicated for the nausea may also be used for this condition, but let's add to the list a few more.

Anacardium has frequent and ineffectual urging, the rectum feeling as if stopped up with a plug; if the stool does not pass soon, she feels colicky pains in the abdomen.

Bry. The stool is mostly dark, dry and hard, as if burned; and is passed with much difficulty. The lips are parched and cracked; and there is much thirst.

Kali c. Unsuccessful desire for stool, with a sensation as if the rectum were too weak to expel it. She feels very strangely and badly an hour before stool. Many itching pains in and around the anus and rectum during and after stool.

Sul. Acid. Hard stool, consisting of small black lumps mixed with blood, accompanied by such violent prickings in the anus that she has to rise up on account of pain. Piles bleed easily. Sensation of tremor all over the body without trembling.

It is when the trying hour of labor has come and the pains are abnormal that the attending physician is called on to get busy and secure something that will correct the difficulty and bring the pains in their regular and normal way.

In Belladonna the pains come on suddenly and disappear after a time as suddenly as they came. Spasmodic contraction of the neck of the uterus, which is hot, dry and tender; labor slow and tedious. Throbbing headache with great sensitiveness to light and noise. Least jar aggravates.

Camphor. Her pains have ceased, and her skin is dry and cold, although she does not want to be covered, thus being the reverse of Sepia, which wants to be covered. Restless, cannot stay in any position long.

Ipecac again comes in with the same constant nausea, not a moment's relief. The pains are distressing. Sharp, cutting pains about the umbilicus, thus hindering proper action of the uterus.

The indiscriminate use of Arnica, after confinement, is bad practice, for we have other remedies to be considered. In Chamomilla the afterpains are very distressing, she feels that she can hardly bear them. She wishes to get away from herself. She is irritated and ill-natured. She cannot give a civil answer to anyone. In coffee also the pains are very keenly felt and the patient cannot sleep. In Pulsatilla we find the opposite of these two remedies, the contraction being insufficient and the patient is mild, and of a weeping disposition.

The lochia sometimes causes a great deal of anxiety. In some cases suppressed or others too long continued. We find Aconite very beneficial for suppression of lochia or too scanty when it occurs soon after confinement, with distress in the abdomen, chest or head. Lochia offensive, skin hot, dry and face flushed. Intense thirst and fear of death.

Chamomilla also has suppression of the lochia followed by diarrhœa and colic. Irritable, impatient disposition with intense thirst. One cheek will be red, the other pale.

Under Creasote we have very offensive lochia, almost ceasing and very excoriating, then it freshens up and again almost disappears only to freshen up again and so on.

When the lochial discharge lasts too long, is thin and offensive, well nigh exhausting her, thin, ichorous and offensive, with occasional pinkish color and sharp shooting pain up in rectum. Restlessness worse at night. Rhus tox. will correct the condition, and re-establish the flow of milk, which has been partially suppressed.

Bactericidal action of organic silver salts and other antiseptics on the dysentery bacillus. When dissolved in H_2O $AgNO_2$ killed the dysentery bacillus in 5 min. up to dilns 1 to 10,000, while in dil. broth it failed in 1 case in a diln. of 1 to 100 and in general showed great weakening and irregularity in its effects. Organic Ag compounds have a considerable bactericidal action in H_2O, but in the presence of a little broth show a variable action. Albargin and Nargol gave the best results. CuSO proved effective in the presence of organic matter in a diln. of 1 to 250. Cuprol had no action, either in H_2O $KMnO_4$ and $Ca(MnO_4)_2$ were inactive in broth, being pptd. by the org. matter. H_3BO_3 and Quinine bisulfate were of little value, even in H_2O.— C. J. West.

THE HOMŒOPATHIC LAW.

BY A. H. SCHOTT, M. D., ST. LOUIS, MO.

THERE are but two kinds of laws, the laws of God and the laws of man. The laws of God or of Nature are absolute, infallible and eternal, hence they can not be altered by man. The laws of man are changeable, fallible and mortal like man himself. It is the duty of scientific men to discover and investigate the laws of Nature, for they form the fundamental basis of all science.

It is an undisputed fact that before Hahnemann's time medicine was never guided in the exhibition of its drugs by an eternal and infallible law. That grand acute observer was the first to discover that law of Nature which governed therapeutics, and upon it he built the system of medicine which he called Homœopathy. This system must and will stand as long as the laws on which it is built remain, that is, forever.

The law of Similia, the single dose, the habit of allowing ample time between doses for them to act to their fullest extent, the proving of drugs in the healthy—all these seeming innovations contrasted so strongly with the practice of medicine then in vogue that the scientific men of Hahnemann's time found it a very easy task to cover his great discovery with ridicule.

The whole medical world of that day sat in solemn judgment on Hahnemann's theory without ever inquiring into the facts. Instead of following the experimental methods of Galileo they adopted the logical methods of Aristotle, and so passed sentence upon his discovery without adequate practical knowledge of it. All knowledge and erudition were marshalled in defence of the old doctrines in medicine and for the annihilation of the new. Thus a very learned physician of Hamburg wrote a book against the Organon, exceeding it in volume five-fold, in which nearly all the ancient classical writers of Greece and Rome are cited. Having read this book we involuntarily arrive at the same conclusion as after reading Tycho Brahe's works and polemics against the Copernican system, namely, that no doubt not only an immense amount of learning is necessary to compile such works, but also that all the learning of the world does not suffice to cast eternal truths into doubt or to philosophize errors into their place; and, furthermore, that it is an impossibility for one not so well versed in the classics to say so many silly and absurd things.

Only slowly and by degrees did Hahnemann, by the success of his method of treatment, prove to the world the truth of his theory and thereby gain proselytes. As the observations of Hahnemann were verified daily in the practice of his followers, it was but natural that Homœopathy should rise to its present eminence in spite of all opposition, even of governments egged on by influential lay and medical men. If we adhere with the utmost strictness to the principles bequeathed us by Hahnemann in his Organon, the time will not be far distant when Homœopathy will reign supreme everywhere as the benefactor of suffering mankind.

It is true that many deceive themselves with regard to the amount of unremitting mental labor which is necessary in order to be an able homœopathic physician. For one must toil continuously as long as life lasts to overcome the difficulties and problems presenting themselves in endless succession as Homœopathy advances. Routine can never be acquired by the true follower of Hahnemann, as every new case must be individualized and treated strictly according to the law of Similia. The closer the physician adheres to this law, and the more conscientiously he follows its precepts, the more will he be rewarded by success and the more will he be admonished of the need of continued study.

Whilst we adhere rigidly to the principles of the Organon, we must not fail to appropriate all new discoveries which may extend the application of Homœopathy, be they discoveries in hygiene, dietetics or medicine proper. We must also acknowledge our indebtedness to the scientists who have, since the origin of Homœopathy, made many discoveries tending to prove the correctness of its principles.

Abundance of proof can be offered that Homœpathy, with its principles, in the treatment of the sick, occupies a higher plane than allopathy. Judging from the proofs which science is rapidly accumulating for us, we may say positively that in the course of time allopathy will be forced to admit the correctness of the principles of Homœopathy.

Professor Yaeger forty years ago in his report on neural analysis to the convention of physicists at Dantzig had this to say:

"The graduated increase in the physiological action of drugs as we raise their potency being shown by neural analysis, raises Homœopathy at once to the position of an exact physiologically proven science and places it positively on a level with allopathy. In consideration of this fact, it will in the future be an impossibility for the old school to combat systematically the doctrine of Hahnemann, and by the power of neutral analysis Homœopathy will take its place on the roster of the universities."

We predict with certainty that sooner or later physiology will be compelled by necessity to accept this fundamental law, and just as long as she neglects to do so, she will remain barren as a mother to therapeutics. She is also criminally guilty by withholding from the medical world the only compass which may show the physician, as well as the mariner, a safe and speedy way to his destination.

SOME CLINICAL CASES.

BY A. C. PUTNAM, M. D., MARSHALL, MO.

ONE CASE.

RAY H., age 4. Father, 43 years; weight, 200 lbs.; strong and healthy. Mother, 38; small, height 5 ft. 1 in., and weighs 98 to 100 lbs.; dark complexion, nervous and excitable, but not irritable, or rather she has control of the irritability.

About three months after conception with this child, she developed pain and tenderness in apex of left lung with hectic flush, hacking cough and afternoon temperature of 99 3/9° to 100° F.; remedies were applied which soon cleared these conditions up, and at the end of her term in a normal delivery gave birth to an apparently normal child, only for an intensely constipated condition which existed also in the mother and had during her pregnancy. The mother's milk being insufficient to nourish the child, it was placed on cow's milk, which seemed to nourish the child properly, but did not correct the constipation. Seemingly indicated remedies failed also to correct that condition.

This child was early in life (6 mo.) fed a heavy diet, such as navy beans, potatoes, bread, etc. At about one year of age the family noticed some little gastric derangement with considerable nervous irritability, which increased with a greater or less degree of severity until the child was three years old. At this time it was seized with a spasm, followed three months later by another attack, in two months another, one month another, and from that they continued to increase in frequency.

After he had the second spasm and I failed to stop them, they called an old school doctor, who had never failed to stop spasms, but he failed this time, and they drifted from one to another, having his tonsils and adenoids removed, circumcised, and I don't know what else, with no relief.

On February 27th I was again consulted and given the case. Spasm came on first, going to sleep, any time of day. Head drawn back, hands twitching, eyes rolled up and jaw set, but teeth not clinched; no frothing at mouth. Spasm lasting from 1 to 3 minutes, and when relaxation would begin, there was always a peculiar sound as of pain. Both ears always flushed from 5 minutes to ½ hour preceding attack; skin dry. Deathly pallor following attack. After spasm patient would arouse for short period with a sardonic grin only to fall quietly to sleep for an hour or possibly two hours. Almost continuous snapping of tongue when awake. Dysphrasia. Could make sounds (grunts) but could not articulate. Mental condition semi-blank. Pays no attention when spoken to. Continuous motion of hands, feet and head, whines constantly, not satisfied anywhere, wants to be carried. Erection with each spasm, and handling penis as soon as relaxation from spasm begins. Urinalysis reaction acid, spec. g. 1018, no sugar or albumen, color light straw, while there was no sediment, the urine looked smoky.

Opium 6x was given every two hours, which did not lessen the number of spasms, but changed the character and brought them at a definite time of day, being 11:30 A. M. to 12 M. and 12 P. M. to 12:15 A. M. <. By this time the child was greatly emaciated, not being able to take food and drank only small amount of water. Spasms coming both on going to sleep and on waking, any time of day or night.

Sul. 2 c. was given which seemed to increase the spasms now coming on with least exertion any time of day, in paroxysms of 6 to 15 in rapid succession, the entire paroxysm not lasting longer than 15 minutes, but in 24 hours would have as high as 160 spasms. 3/9/15. Symptoms not changed materially.

Stramonium 3x was given every 2 hours day and night, which showed marked improvement, in 48 hours reducing the number of spasms to 9 in 24 hours. Intervals between doses was lengthened to 3 hours for 24 hours, then to 4 hours for same length of time, after which the spasms ceased entirely, the appetite returned and the patient sleeps well all night.

May 1, 1915, the patient had regained his mental faculties and his flesh, but the constipation continues. Stool hard, dry, dark in color and usually well formed, not being crumbly or in balls. Stool absent for 7 days with no apparent bad results, no inclination for stool.

At times the nervous condition will return to a slight degree with snapping of tongue, twisting hair and slight twitching of muscles, but no return of spasms.

Stramonium 30x was given three times daily, which has reduced the nervousness and corrected the constipation. Bowels moving regularly once daily. Eats well, sleeps well, and has more the appearance of a normal child than since he was one year old.

CASE TWO.

Miss Dora M., age 34; height, 5 ft., 7 in.; weight, 160. Father died age of 67 from neuralgia of stomach, following an attack lasting about 18 hours. Had suffered from atacks every spring for several years. Mother died at age 51, from paralysis. Health to time of change of life good.

This patient had pneumonia at 3 years of age; mumps at 10 years. No other disease, health always good. Menstruation first appeared at about 14 years. Always regular and normal until this sickness. Bowels and kidneys normal up until this time. Habits regular. Lived on farm but not unduly exposed.

December 4, 1914, was taken with chill after driving in chilly wind followed with fever and sharp sticking pain in right side about 7th interspace, just in front of axillary line. Pains re-

lieved by application of heat, mustard drafts and easing powders from an old school doctor. This attack was followed by dry, hacking cough, sharp pains with each paroxysm for ten days, after which cough became moist with profuse expectoration of thick brownish blood streaked mucus.

January 10, 1915, was taken with another attack of severe pain in same region as first. Pain came about 2 A. M. Sharp, sticking pain from least movement of any part of body, causing patient to scream. Patient coughing and spitting up from a pint to 1½ pints of brown blood streaked mucus.

More resting powders were given but this time failed to work, and on January 11, 1915, I was called, and found the patient suffering intensely with sharp shooting pain in right side near axillary line at 7th intercostal space. Pain from least pressure, but greatly aggravated by deep pressure or motion of any kind, and could not lie on r. side. Had not had a good breath for four weeks. Cough loose, mucus easily coughed up, but very painful. Menses absent for two last regular periods. Kidneys, spec. g. 1024; reaction acid, no albumen or sugar, mucus shreds. Color l. straw; stool only when taking purgative; no inclination for stool. Could not sleep on account of cough. Tem. normal to 99° up till 9 A. M. and ranging from 99° to 102 2/5° from 2 to 4 P. M. Little headache.

Moist rales through entire right lung, but area of pain could be covered with a 2 inch patch. Cough always aggravated at night and early in morning. Profuse sweat as soon as patient would fall asleep. Eyes glassy with blood streaks. Lids anæmic. Lips dry, intense thirst, no appetite.

Ferrum phosphorus 30x in 24 hours eased the pain and cough, so the patient could sleep, and in 8 days the cough was very materially relieved; sweats gone and the patient rested well at night; intense thirst relieved and appetite better. Bowels moving every 48 hours voluntarily. Patient semed to improve on Ferrum phosphorus till about February 15th, when there seemed to be a halt. Cough continues with slight aggravation. Mucus tough and frothy, clear, pain in side a little aggravated. Bowels moving every day, salty taste, flatulence with loud eructations shortly after eating, little relief.

Temperature ranging from 97 2/5° A. M. to 99 2/5° P. M. 2/18/15. Lycopodium 2 c. relieved all symptoms except pain in side, and salty taste of mucus; water repulsive; mucus easier coughed up and yellow, thick, heavy. 3/3/15. Pulsatilla 2 c. finished the case except pain in side; cough entirely gone; appetite good. Sleeps well. Temperature 98 3/5°; all percussion and auscultatory sounds normal. Bowels, kidneys and menstruation regular, but a dull heavy pain in region of first pain from over exertion. 5/11/15. Kali carbonicum 2 c. relieved the pain, and the patient says she feels as well and can do as much work as ever.

CASE THREE.

Carl S., age 18, large, lax fibre. May 1st developed sore throat on r. side, following sudden cooling of body. Pain sharp sticking aggravated from swallowing. Had had sore throat before and it always got well without treatment, and thought this one would, but throat began to feel like it was closing up. May 10th I examined the throat and found it very œdematous, dry, shiny, mouth dry, tongue only slightly coated.

Patient complained of no pain only the throat was so swollen. Bowels and kidneys regular. Hungry but could not swallow food, no thirst, saliva difficult to swallow.

The fauces were so œdematous it seemed as if he could not swallow. Breathing labored.

Apis 12x relieved in three hours so patient could eat, and in 48 hours he was in his usual good health.

FRACTIONS VS. INTEGERS, OR THE ALKALOID VS. THE WHOLE DRUG.

BY F. F. NETHERTON, M. D., CLINTON, MO.

FROM the above title of my paper on first impulse it might lead you to think a discourse on mathematical problems was in mind, however as you note the subsequent clause of the title, you will have, no doubt, inferred in a measure, at least, what we are hoping to attain in the way of calling some attention to methods of drug therapy.

We are aware that we have a class of practitioners who, in leaning away from the crude galenicals of the physiological school, practice almost altogether, using alkaloids with results, of course, surpassing that of their former experience.

For accuracy and definite dosage the alkaloids certainly have the advantage over the indefinite, crude and uncertain remedies used in empiric practice and with their minute dose as necessary, a gradual weaning away from the massive dosage of former years is coming about, so that in itself aids in no small measure in breaking down the barrier of prejudice against infinitesimal.

By the way, some of the alkaloids, so-called, are recommended upon the symptomatology as propounded by Hahnemann, though no credit is acknowledged for the thunder thus stolen.

Many of the so-called alkaloids are only concentrations, with no specific property yet isolated, although a few have a recognized glucoside, all with a given terminology used for trade purposes, and for what success they may have attained it has been due for the most part to influences commercially applied.

A few of our well known alkaloids have been quite well proven and the symptomatology definitely set forth in our works on materia

medica, however in the absence of provings we are compelled, in their use as adjuvants, to consider their physiological action and secure results accordingly.

Many of these positively active drugs are worthy of a thorough proving and it is the hope of the essayist that at no distant day our materia medica be enriched through the provings of definite alkaloids, in keeping with the advances of research in kindred lines, which will, at the same time, unfold the law of similia and enable us to the better appreciate its wonderful scope. Beside is not a man the more efficient in any line with the better equipment of tools?

By studying what the physiological school terms the "untoward" effects of drugs, we may learn much in the way of provings—that is one reason I am reading several old school journals and if for no other reason am well repaid. Some months since I read of an old school brother who had observed that in some of his obstetrical cases where Ergot had been administered to the mother that the child had had suppression of the urinary flow, over which condition the good brother had spent much study without finding anything in his range of materia medica accounting for such conditions. He writes that in his experience and observation that he was assured that it was no mere coincidence which justified his desire for light upon the matter. Had he been more liberal in his investigations instead of being so disturbed and mystified he would have had, in his distress, at least the gratification that he had unwittingly verified a proving of Secale cornutum. I wrote a reply to the brother through the journal and later it appeared in its pages in which I directed him in as astute a manner as I was able without mentioning "Homœopathy" to the dual action of drugs, though calling his attention to the law of "similia," to investigate along that line, in which we hope he afterward did; however he has not as yet personally acknowledged our interest in his enlightenment.

One of the newer alkaloids, particularly, we would wish to call to your attention, Emetine, from Ipecacuanha. Note the furore in some sections of, not only in our own literature, but in that of the dental profession as well, what is being claimed for it in amœbic diarrhœa and dysentery and especially is it being recommended for that *bete noir,* pyorrhœa alveolaris.

All these results wrapped up in our old friend, Ipecac.

True, we have had excellent results in all cases embraced under its symptomatology as set forth in our provings, yet what should all this mean to us? To me it portends an advance along the line of similia with the necessity of making a thorough proving of these new alkaloids, freed of all other concomitant or component drug activities, administering them in potencies with the probable development of entire immunity as a result in our patients, from the invasion of these so-called germ diseases, by building up and creating a positive state in the economy of the vital forces, rendering the individual incapable of supporting or providing the necessary pabulum for the maintenance of antagonistic germ life.

This position we deem a tenable one in the light of the newer pathology and deserving of the most careful investigation and well worth the while of our best research men.

OPHTHALMIA NEONATORIUM.

BY B. F. PAYN, M. D., LEXINGTON, MO.

TO you, who specialize in or practice obstetrics, through necessity, I would say that there is no other branch of surgery which presents as many emergencies.

The obstetrician must be ready at all times to meet emergencies of the gravest importance. Ophthalmia neonatorium is one of those emergencies he must meet sooner or later.

The rapid course of destruction demands the earliest possible treatment. We are impressed with this fact when we turn to statistics and find that ophthalmia neonatorium is responsible for but a fraction less than eleven per cent. of the blindness of the human race, a larger proportion than any other single cause.

The importance of this condition is enhanced when it is considered that blindness from this cause means an entire life of blindness, and that this disease can be practically prevented by proper prophylactic measures and further than that, even after it has developed, prompt, energetic and appropriate treatment will usually bring it to a successful termination, without impairment of the sight.

With these thoughts in mind, and believing that at some time it will be of help to some of you, the writer endeavors to present the subject briefly, as follows:

Ophthalmia neonatorium, inflammation of the eye or conjunctiva, may be one of several varieties, but to be practical, I will present the purulent form.

First. It has been proven by higher authority that most of the cases are caused by gonorrhœal infection or the invasion of the gonococcus of Neisser. The inoculation taking place in the birth canal. Magnus, of the Prussian census, states that "Purulent conjunctivitis rarely ever exists except as a result of a gonorrhœal infection." Other causes are irritating non-specific discharges of the parturient canal. Bright light, cold, infectious material on the hands of attendants, unclean sponges and towels.

The symptoms are all objective so we will present them as we find them at the bedside.

We first find the lids, both upper and lower, very much swollen and œdematous, and of a pinkish hue. The lids are agglutinated, and when

retracted we first find a profuse serum like discharge, later a thick yellow pus, and very abundant. The eye filling nearly as quickly as it is cleansed. The lids are thickened and indurated. On retracting the lower lid we see the characteristic folding of the conjunctiva. I mean by that the loose fold connecting the palpebral and bulbar conjunctiva is very much swollen and œdematous, and nearly bulging out of the eye. About the second day the loose texture covering the anterior segment of the ball is so œdematous and chemotic that it overlaps and nearly hides the cornea from view, giving it a depressed, cup-like appearance. The lids finally become so swollen that the cornea is almost entirely hidden.

The treatment. Prophylactic is most important. When you can obtain a history of gonorrhœa, or when it is suspected, the mother should have a douche of a strong Permanganate of Potassium solution as soon as labor is well established. The vulna, well covered with a heavy lather of synol soap, which is allowed to remain. The cleansing douche, before the labor terminates, is always a good practice.

As soon after delivery as possible, the baby's eyes should be washed with a warm sterile water or a saturated solution of Boracic acid, then a drop of a twenty per cent. solution of Argyrol is instilled into the eye.

The success that attends the prophylactic treatment recommended by Crede (one drop of two per cent. solution of Nitrate of Silver into the eyes immediately after delivery) is unquestionable. I prefer using the silver salt in form of Argyrol, as it is less irritating and is a non-escharotic. In the large hospitals, where the Crede method is used, this disease is very rare.

Absorbent cotton only should be used in washing the babies' eyes. The room should be kept dark as possible, as intense light will often cause an inflammation of the eye.

The gonorrhœal ophthalmia is infections and the proper precaution should be taken to prevent inoculation of other eyes with the discharges. If there be an infection of just one eye, the other should be sealed. This is done with adhesive plaster in which is inserted a very small watch crystal. The crystal affords opportunity of watching the eye. The nurse or attendants should wear large goggles and rubber gloves. The gloved hands should be immersed in a 1-6000 Bichloride solution after each treatment of the eye. All medicine droppers should be kept in Boracic acid solution.

General treatment. Time is a most important element in the treatment of purulent conjunctivitis. I have mentioned this several times in this paper, as I want to emphasize that point. At the beginning the eye must be flushed every five, ten or fifteen minutes, as necessary, to keep the eye clear of discharge, with a saturated solution of Boracic acid. The silver salts are just as important remedies in the active treatment as in the prophylactic, so we use a twenty to forty per cent solution of Argyrol. A drop into the eye after each flushing, or every fifteen minutes to one hour. The Argyrol acts especially well in destroying the gonococcus and is not so painful as the Silver nitrate solution.

Ice compresses must be applied to the eye continuously to keep the swelling down. These compresses are cut from sterile gauze and kept in ice water. They must be changed often.

A two per cent. solution of Nitrate of Silver may be applied once or twice daily in the following manner: The lids are everted and pressed together so as to cover the cornea. The lids are then painted with the solution with cotton or an applicator, this to be followed immediately by a saline solution. The pain and corneal complications are best controlled by Atrophine.

As the intensity of the inflammation subsides and especially as the discharge diminishes, becoming muco-purulent in character, the treatment should be less active. The astringent and antiseptic applications being made at longer intervals.

It is in this way only, by carefully watching the effect of the remedies employed, and by modifying the treatment from time to time, as may seem necessary, that the inflammation can be kept, in some measure, under control, and the great danger which constantly impends destruction of the cornea be obviated.

The Homœopathic remedies will greatly assist you in the treatment of these cases and should be administered from the beginning. The remedies most often indicated are Apis mel., Argent. nit., Pulsatilla and Belladonna.

Prognosis. In gonorrhœal ophthalmia the prognosis is extremely grave where the treatment is not instituted early. Destruction of the cornea being of frequent occurrence.

Heroic measures should be taken to keep the œdema and swelling down, as the same causes a constriction of the circulation; ulceration and sloughing of the cornea is sure to follow.

After the more acute symptoms have subsided a granular condition of the palpebral conjunctiva frequently makes its appearance.

The late Elizabeth Bartlett, of Philadelphia, willed the Woman's Homœopathic Hospital of that city $1,000.00.

$474.50 has been raised for the Endowment Fund of the American Institute.

$12,000.00 has been raised by homœopathic physicians for the Endowment Fund of the American College of Surgeons.

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WILLIS A. DEWEY, M. D., Ann Arbor, Mich.
ALBERT E. HINSDALE, Columbus, Ohio. } Editors

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SOUTHWEST SCHOOL OF MEDICINE AND HOSPITAL.

LAST June the Kansas City Hahnemann Medical College, for reasons which it is not necessary to state, closed its doors. We are pleased now to announce that out of the ashes of that institution has arisen another which promises to be one of our foremost educational institutions. It is known as the Southwest School of Medicine and Hospital. It is exclusively a Homœopathic Institution and will aim to give broad and sound training in the fundamental science of medicine, together with thorough and practical knowledge of Homœopathy, its principles and practices. That the institution is starting out upon a firm foundation is evidenced in the corporation and its Board of Trustees, who are among the leading business men of Kansas City, there being upon the Board no Medical men. There seems to be an unanimous coming together of the Homœopathic profession of the Southwest and all are showing an intense interest in the work they are to pursue in developing the institution.

The requirements for entrance to this new school will be those that are recognized by the State Medical Board of Missouri and these requirements are sufficient to obtain reciprocity in all except exclusive States. The curriculum and requirements are all worked out and are of high grade. The faculty is a strong one and undoubtedly the school will receive due recognition first from the State Board of Missouri and next by the American Institute of Homœopathy upon the recommendation of the Council on Medical Education. The last report of the Kansas City Hahnemann Medical College showed between thirty and forty students, so the institution will start out with a nucleus of students which is quite different from an institution starting without such a foundation. There is no question but the school will do better work than the old one and we are quite sure that this work will be good strong team work. The Dean, William Davis Foster, is well known to the members of our profession. He is Ex-President of the American Institute of Homœopathy. Dr. C. K. Wiles is registrar and a well known practitioner of Kansas City, and together with Dr. E. E. Reed comprise the department of the principles of the practice of Medicine. Dr. Reed is one of our excellent teachers in the Practice of Homœopathy. With this department in strong hands, with the Chairs filled with the strong men listed in the announcement, we have no fear for the institution.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE Southern Homœopathic Medical Association will hold its annual meeting in Cincinnati on November 9, 10 and 11, at the Hotel Gibson. An unusually attractive program has been prepared and a large attendance has been assured not only from all over the South, but the North, as well. Dr. A. L. Smethers, of Anderson, S. C., is President, and Dr. J. L. Jennings, of Danville, Va., is Secretary and Treasurer. The outlook for this meeting is especially bright and we learn that there will be held, at the same time, a meeting of the teachers of Homœopathc Materia Medica to consider methods of teaching and other points of vital interest to Homœopathic medical education. We believe that this meeting was adjourned from one held in Detroit about about mid-summer, at which no quorum of the different schools was present.

NEWS ITEMS.

FLORIDA.

The Florida State Board of Homœopathic Medical Examiners met November 12th in Jacksonville for the next State Board Examination. Dr. J. B. Griffin informs us that there is a big need for progressive Homœopaths in Florida, and good locations.

MICHIGAN.

The Homœopathic Medical Society of Western Michigan held its annual meeting September 15th. This was its first meeting of the year and was well attended.

NEW YORK.

Dr. John B. Garrison announces his return to the city and that he has resumed regular office hours at 616 Madison avenue.

Dr. A. B. Norton has also returned for his year's work.

Dr. Irving Townsend announces that he has resumed his regular office hours at 150 West 59th street.

PENNSYLVANIA.

Dr. George G. Shoemaker, former Superintendent of the Pittsburgh Hospital, has located in Washington, Pa.

Hahnemann Medical College, Philadelphia, Pa., began the fall term on Monday, September 27th, 1915, at 8 P. M. The exercises were opened by Rev. Floyd W. Tompkins, who pronounced the invocation, following which Dean W. A. Pearson extended a hearty welcome to the student body, and then introduced Dr. A. Korndoerfer, Sr., who addressed the students upon "Homœopathy of the Past, Present and Future." Entertainment was furnished by soloists and the orchestra of Hahnemann College. After the students had received instructions as to the opening of their curriculum a reception was tendered the new matriculates. The Freshmen class this year far exceeds those of former years, and tends to show that Old Hahnemann still continues to be a leader in the schools of medicine.

The Homœopathic Medical Society of the State of Pennsylvania held its fifty-second annual meeting at Buena Vista Springs, Pa., on September 7, 8 and 9, 1915.

Approximately two hundred Homœopathic physicians from every part of the Commonwealth were present at the opening session which was called to order Tuesday morning, at 10 o'clock. Rev. F. C. Wagner, of Waynesboro, Pa., pronounced the invocation after which the address of welcome was made by Mr. A. J. Ford, manager of Buena Vista Springs Hotel.

The president, Dr. B. F. Books, of Altoona, Pa., earnestly addressed the society upon the purpose of the convention and put forth a strong plea for further organization on the part of the Homœopaths throughout the State. Dr. Books has been most loyal to the society and its cause and has accomplished great things during his term of office and has endeared himself to the Homœopaths of his own State as well as those of other States.

The secretary, Dr. I. D. Metzger, of Pittsburgh, Pa., read his annual report after which the treasurer, Dr. Ella D. Goff, of Pittsburgh, Pa., submitted her report, then followed the reports of the Trustees and the various standing committees.

In the afternoon the sessions of the various bureaus were started and many scientific papers were read by the following physicians: R. S. Klopp, S. W. Sappington, J. G. Wurtz, A. F. Copeland, G. A. Hopp, F. W. Smith, and Wm. M. Hillegas, whose paper on "Hygiene of the Eyes of School Children," brought forth a hearty discussion. Those from other parts of the State who presented papers at this session were: Drs. C. B. Reitz, Allentown, Pa.; F. F. Massey, Wernersville, Pa.; A. R. Garner, Norristown, Pa.; Karl Schaffer, Chief of Division of Tuberculosis Dispensaries, Harrisburg, Pa.; C. W. Stiles, Representative of Surgeon General Blue, Washingtqn, D. C., and Paul H. Gerhardt, of Reading, Pa. The papers were all heartily discussed by many prominent physicians.

Tuesday evening's session was opened at 8:15 o'clock, Dr. H. M. Stevenson, of Baltimore, Md., presenting his paper on "Some Diagnostic and Therapeutic Procedures Evolved in the Last Decade." Dr. Stevenson held the attention of his hearers throughout his eloquent delivery. Dr. S. Anson Hill, of Greensburg, Pa., and Dr. R. S. Marshall, of Pittsburgh, Pa., also presented interesting papers to the bureau. Those from Philadelphia, who contributed to the bureau, were Dr. Clarence Bartlett, whose paper on "Cryptogenic Fever" proved to be a valuable number of the bureau. Drs. Walter C. Barker, G. Morris Golden and Prof. G. Harlan Wells also presented papers, which were interesting features of the session. Keen interest was aroused at this session when Prof. Ralph Bernstein, of Philadelphia, Pa., described a method whereby the psychic fear instilled in many patients by the noise of the electro-dehydration apparatus used in non-surgical removing of tumors, cancers and other skin growths could be eliminated by presenting to the society a new high tension apparatus, which he perfected and which apparatus is without a spark gap and obviates the tremendous cracking noise which usually excites fear in the mind of the patient.

The business meeting of the society took place Wednesday morning at 9:30 o'clock. After all business having been transacted the nomination of officers took place.

The Women's Homœopathic League, of Pennsylvania, held its annual election, which resulted in the re-election for the third time of Mrs. W. Alvah Stewart, of Pittsburgh, Pa., as president; Mrs. W. A. Pearson, of Philadelphia, Pa., vice-president; Mrs. Howard Cheney, of Williamsport, Pa., second vice-president; Miss Sara McClellan, of Pittsburgh, Pa., corresponding secretary; Mrs. J. E. James, of Philadelphia, Pa., recording secretary; Mrs. S. B. Moon, of Pittsburgh, Pa., treasurer; Dr. Margaret Schantz, of Reading, Pa., auditor, and Mrs. R. L. Piper and Mrs. A. C. Stramm, of Harrisburg, Pa., directors for three years. This league has proved to be a valuable asset to Homœopathy and has accomplished wonders.

Those presenting papers at the sessions on Wednesday morning were the following: I. G. Shallcross, M. D., H. S. Weaver, M. D., J. F. V. Clay, M. D., G. W. Mackenzie, M. D., G. J. Alexander, M. D., G. J. Palen, M. D., W. W. Speakman, M. D., F. O. Nagle, M. D., and P. A. Tindall, M. D.

The following physicians assisted in making the sessions of Wednesday afternoon quite interesting by the presentation of many papers which were handled in a very bad manner: Drs. Aug. Korndoerfer, Sr., of Philadelphia, and O. S. Haines, of Philadelphia; J. A. Bullard, of Wilkes-Barre, Pa.; W. G. Deitz, Hazleton, Pa.; W. A. Seibert, of Easton, Pa.; Anna C. Clark, of Scranton, Pa., and G. J. Berlinghoff, of Scranton, Pa.

On Wednesday evening, at 7 o'clock, an elaborate banquet was served to members and visitors of the con-

vention. Dr. A. R. Garner, of Norristown, Pa., who has made himself famous by his wisdom and wit, acted as toastmaster of the occasion. Special guests and speakers at the banquet were Dean W. B. Hinsdale, of the Homœopathic Medical School of the University of Michigan; Dean R. S. Copeland, of the New York Homœopathic Medical College, and Dean Wm. A. Pearson, of Hahnemann Medical College, Philadelphia.

Dancing was one of the features of entertainment after the banquet and many took part in the merry whirl.

Thursday morning, at 11 o'clock, the election of officers took place, which resulted in the following: President, Dr. J. M. Heimbach, of Kean, Pa.; First Vice-President, Dr. Wm. Raymer, of Beaver Falls, Pa.; Second Vice-President, Dr. Wm. M. Hillegas, of Philadelphia, Pa.; Secretary, Dr. I. D. Metzger, of Pittsburgh, Pa.; Treasurer, Dr. Ella D. Goff, of Pittsburgh, Pa.; Necrologist, Dr. W. F. Baker, of Philadelphia, Pa.; Censor, Dr. J. M. Stitzel, of Hollidaysburg, Pa.; State Editor, Prof. Ralph Bernstein, of Philadelphia, Pa.; Trustees, Prof. Wm. B. Van Lennep, of Philadelphia, Pa.; Dr. B. F. Books, of Altoona, Pa.; Wm. Hunsicker, of Philadelphia, Pa.

The papers presented at the sessions on Thursday were by the following: Drs. Anna Johnston, of Pittsburg, Pa.; G. J. Palen, Philadelphia, Pa.; C. Sigmund Raue, Philadelphia, Pa., and H. Ellen Walker, of Sharon, Pa. These constituted the morning session.

Thursday afternoon the Bureaux of Surgery, Gynecology and Obstetrics entertained the members by the presentation of many interesting papers, the following doctors taking part: Wm. B. Van Lennep, W. D. Culin, H. L. Northrop, N. S. Betts, J. W. Frank, G. A. Van Lennep, L. T. Ashcraft, Wm. C. Hunsicker, N. F. Lane, J. D. Elliott, Philadelphia, Pa.; Willis G. Hartman, Harrisburg, Pa.; F. V. Wooldridge, Pittsburgh, Pa.; R. V. White, Scranton, Pa.; H. B. Replogle, Altoona, Pa.; F. S. Morris, Pittsburgh, Pa., and H. H. Stansbury, Baltimore, Md.

Special entertainment had been arranged for the ladies, all of whom were delightfully entertained.

The meeting was attended by many prominent Homœopathic physicians and far excelled any previous meeting held, which speaks well for the future of Homœopathy.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann Medical College, on Thursday evening, September 16, 1915, at 8:30 o'clock. Dr. Norman S. Betts, president of the society, delivered his inaugural address, which was bright and wholesome. The censors reported favorably the names of Dr. T. K. Gramm, 1614 N. 15th street, Philadelphia, and E. Paul Kitchen, M. D., 314 W. Tabor Road, Olney, Pa. The social hour which followed was an enjoyable one. All members were present and took active part in the meeting.

J. M. Kenworthy, M. D., *Secretary.*

The Society of Surgery, Gynecology and Obstetrics held its regular meeting at Hahnemann College, on Wednesday evening, September 22, 1915, at 8:30 o'clock. The scientific program was as follows:

"Gun Shot Wounds of the Abdomen," W. S. Hammond, M. D.

"Fractures of the Femur and Their Treatment," D. Steinmetz, M. D.

"A Study of the Formation of Bony Trabeculæ Throughout the Tarsus," Dudley J. Morton, M. D.

There was a full attendance of members and the meeting was quite interesting.

J. M. Kenworthy, M. D., *Secretary.*

The Oxford Medical Club, of Philadelphia, Pa., held its regular monthly meeting at the Columbia Club, on September 3, 1915. Dr. P. H. Ealer read a paper, entitled "Epitheliomata and Treatment," after which a hearty discussion took place. Every member was present and the meeting was an interesting one.

E. M. Gramm, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting on Monday evening, September 20, 1915, at 9 o'clock, at the Majestic Hotel. Dr. F. O. Nagle entertained the members by presenting a well prepared paper on "Some Interesting Eye Sections," stereopticon demonstrations following the same, which proved quite interesting. Censors reported favorably the names of Drs. Oliver S. Haines, Donald McFarland, Douglass McFarland and Frank Bristol. The meeting was a thoroughly enjoyable one and the attendance was large.

C. B. Hollis, M. D., *Corresponding Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting on August 28, 1915, at the Phœnix Hotel, Willow Grove, Pa. A paper on "Epithelioma" was read, after which a hearty discussion took place. A large number of members were present and keen interest was shown by all present.

J. D. Boileau, M. D., *Secretary.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held their summer meeting, hospital anniversary and automobile fun on Tuesday, August 10, 1915, the meeting place being Pottstown, Pa. Upon arrival there all were served dinner, which was quite an elaborate one and to which all did justice. The committee in charge consisted of Drs. Rossiter, Shute, Corson and Cooley and to whom much credit is due. The meeting was successful in every way and thoroughly enjoyed by all present.

Central Pennsylvania Homœopathic Medical Society held its regular monthly meeting on Thursday, August 19, 1915, in the Bucher Building, Columbia, Pa. The scientific program consisted of the following:

"Diabetic Gangrene," H. H. Rhoades, M. D., Middletown.

"Streptococci Infection," E .T. Prizer, M. D., Lancaster.

"A Case of Acne," S. S. Mann, M. D., Columbia.

"Practicing in Yellowstone Park," W. Y. Bomberger, M. D., Harrisburg.

"Signs of Early Tuberculosis," B. F. Parker, M. D., York.

A large gathering of doctors were present and an enjoyable time was had by all.

G. A. Sayres, M. D., *Secretary.*

PERSONALS.

Dr. Dudley J. Morton announces the removal of his office to 2141 Locust street, Philadelphia. Hours, 9 A. M. to 12 M. and by appointment.

BOOK REVIEWS.

BODILY CHANGES IN PAIN, HUNGER, FEAR AND RAGE. By Walter B. Cannon. D. Appleton & Co. New York and London. 1915.

During the past four years there has been conducted, in the Harvard Physiological Laboratory, a series of investigations concerned with the bodily changes which occur in conjunction with pain, hunger and the major emotions. The results of these investigations and discussions thereupon are embodied in this volume and we recommed the same to our readers.

SANITATION IN PANAMA. By William Crawford Gorgas. D. Appleton & Co. New York and London. 1915.

This is an intensely interesting book by Dr. Gorgas giving the history of Sanitation and work at the Isthmus during the construction of the Panama Canal. Ths work has attracted attention all over the world and the volume is exceedingly interesting and entertaining to everyone.

CHEMISTRY AND CHEMICAL URINALYSIS FOR NURSES. By H. L. Amos. Lea & Febiger. New York. 1915.

This is a simple book on Chemistry, written especially for and adopted to the needs of a nurse. Modern nurses are required to know a certain amount of Chemistry and this book seems to fill the bill for such knowledge.

QUIZ COMPEND OF HUMAN ANATOMY. Revised by D. Gregg Mentheny. P. Blakiston's Son & Co. Philadelphia. 1915.

The eighth edition of this book is before us and it continues to give a broad anatomical knowledge culled from recognized authorities. It is an accurate volume and very handy for a student or practitioner.

QUIZ COMPEND OF MEDICAL CHEMISTRY. By Henry Leffman. P. Blakiston's Son & Co. Philadelphia. 1915.

The sixth edition of the Chemical Quiz Compend expresses the latest essentials of that branch arranged in a well known form by Blakiston's Publishing Company.

THE INTERNATIONAL MEDICAL ANNUAL. Wm. Wood Co. New York. 1915.

This is the thirty-third year of this publication and it continues in the same form as previous volumes, and to those who would keep pace with the advances of the volume it is a very desirable text to have.

URGENT SYMPTOMS IN MEDICAL PRACTICE. By Robert Saundby. Longmans, Green & Co. New York. 1915.

This handy volume contains, in alpabetical order, the significance of a particular symptom, the indications that such symptoms afford and the means by which they may be relieved. The volume can hardly be over-estimated by the busy practitioner. For instance, the physician has a case in which hunger is the patient's trouble. In this work the different causes of hunger may be speedily reviewed and the usual way of combatting it with reference to diet easily overcome. We can heartly recommend the volume to our physicians.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO. Edited by J. G. Keiser, Secretary. 1915.

This valuable book contains the report of the State Society of last year. To have the excellent papers read at our Society in this form is very desirable and we believe that it is more satisfactory than the present method of the Institute, namely, the issuing of the same in twelve monthly installments.

PHYSICAL DIAGNOSIS. By Richard C. Cabot. Wm. Wood & Co. New York. 1915.

This is the sixth edition of Cabot's well known work. Very little need be said in accommodation since the editions have followed each other in such rapid succession and the present volume has been improved on diseases of the heart with a revised classification, also the section on the diseases of the lungs has been revised. No student or practitioner of medicine should be without this valuable text.

OUTLINES OF INTERNAL MEDICINE. FOR THE USE OF NURSES. By Clifford Bailey Farr, A. M., M. D., Instructor in Medicine, University of Pennsylvania; Assictant Visiting Physician, Philadelphia General Hospital; Pathologist to the Presbyterian Hospital. 12 mo. 408 pages. Illustrated with 71 engravings and 5 plates. Cloth, $2.00, net. Lea & Febiger, Publishers. Philadelphia and New York. 1915.

As a basis for a systematic training school course in Internal Medicine or as a reference volume for the graduate nurse, Dr. Farr's work has been most logically planned and perfected with a discriminating grasp of the requirements and limitations of a nursing text book.

He has conscientiously avoided the somewhat frequent practice of making a rudimentary medi-

cal work masquerade as a nurse's text book merely by the insertion of a few general observations on nursing. Confining himself strctly to the consideration of Internal Medicine, he presents it with the single purpose of meeting the nurse's needs. In selecting his material, in order to emphasize the practical, he has wisely drawn largely on his personal experience in hospital work, although he has referred frequently to the most authoritative text books for supplementary data.

Believing that an intelligent grasp of the nature of the various diseases, their symptoms and treatment, is essential to the development of nursing efficiency, the author has presented every vital fact in detail but has limited his consideration to essentials and has emphasized those points which will be most useful to his readers. His work is at once comprehensive, readily understood and stimulating to a full conception of all that is comprised in the term "Internal Medicine." The nurse who conscientiously studies this volume can hardly fail to acquire a useful appreciation of the significance of symptoms, of the purpose and technic of treatment and of the nature and causation of the various diseases.

The plan of the work, while novel, is most logical, and from a didactic standpoint presents many advantages. It is divided into ten "Parts," eight dealing with diseases of the various systems and two with harmful agencies (physical, chemical and bacterial) invading the body from without. In each "Part" general considerations are first taken up, to be followed by sketches of the more important diseases, including briefly their etiology, and in more extended detail their characteristics, symptoms and prognosis, with frequent suggestions for emergency procedure. In appropriate sections much information on dietetics of special and general value is presented. The sections dealing with infectious diseases are peculiarly useful both from the logical grouping of topics and the extended consideration of prophylaxis and from the clear insight afforded into serum and vaccine therapy, infection and immunity, and the application of the principles of immunology in diagnosis. A useful section gives in detail the relative frequency of diseases and their relative mortality.

Realizing that an understanding of technical terms is of prime importance, the author makes no effort to avoid their use, but is at pains to supply clear definitions and explanations. While the consideration of every topic is ample and suggests no abridgment, the author's purpose is plainly to develop the student as a well equipped nurse and not as an internist.

DISEASES OF THE NERVOUS SYSTEM: A TEXT BOOK OF NEUROLOGY AND PSYCHIATRY. By Smith Ely Jelliffe, M. D., Ph. D., Adjunct Professor of Diseases of the Mind and Nervous System, New York Post-Graduate Medical School and Hospital, and William A. White, M. D., Superintendent of the Government Hospital for the Insane, Washington, D. C.; Professor of Nervous and Mental Diseases, Georgetown University; Professor of Mental Diseases, George Washington University, and Lecturer on Psychiatry, U. S. Army and U. S. Navy Medical Schools. Octavo, 796 pages, with 331 engravings and 11 plates. Cloth, $6.00, net. Lea & Febiger, Publishers. Philadelphia and New York. 1915.

In this text book the authors have described the diseases of the nervous system in the order of its evolutionary development, beginning with those biophysical syndromes which are indicative of disturbances at the phylogenetically lowest, the vegetative level of the nervous system. They have then taken up the disorders more closely confined within the sensori-motor system, and have concluded by the discussion of those diseases which more clearly involve the physical processes. Thus the reader passes in orderly progression from the purely biophysical levels of unconscious automatic activities to the highest psychical levels of conscious social adjustment, which is the distinctive characteristic of man. It has been difficult to group all diseases of the nervous system strictly by means of this scheme, chiefly because many of them, if not all, spread over the borders of one level to other levels. The general advantages of such an arrangement, however, are great, and permit of an orderly perspective of the functions and disorders of the nervous system. Such a comprehensive plan for a text book on nervous diseases is here attempted for the first time.

A distinctive feature of this work lies in the fact that the authors have tried to make it a connected story from cover to cover, embracing the whole realm of nervous diseases,—not two books, one on neurology and one on psychiatry, merely compassed by one binding. To this end the various elements of a given problem are brought together and treated consecutively; as for example the syphilitic, the arteriosclerotic and the toxic syndromes. These problems present themselves in this way in practice, and any independent and disconnected consideration of these elements tends to further an erroneous belief in the separateness and autonomy of the different reacting levels, which are in reality so closely connected as to be virtually one. Such an arrangement prevents a comprehensive grasp of the meaning of disorders of the nervous system that this work aims to convey.

In recent years great advances have taken place in knowledge relative to the two extremes of the nervous system, the vegetative and the psychical. The new facts gathered relative to the internal secretions and of their effects, acting through the medium of the vegetative nervous system, has

given us our most comprehensive idea of the relationship between these two great groups of reactions so long considered under the unsatisfactory titles of the functional and organic. Therefore, in order to attain clearness and unity of treatment, the authors have expressed reactions either in physicochemical or in psychological terms, as seemed best. If their efforts have been successful, the descriptions of well known diseases should gain a new vitality and make a deeper impression on the memory.

Throughout the work the authors have aimed at practility, and have endeavored to avoid limiting hypotheses, in the belief that it is safer to adhere to the objective findings. Nevertheless they have not been entirely satisfied with descriptions, but have aimed at interpretations. They have tried to avoid the analysis of the meaning of words in order to understand the actions of things, and have not hesitated, therefore, to formulate certain interpretations in psychological terms, without actually committing themselves to philosophical theories or even to a restricted philosophical position. The criterion has been the reviewing of facts as observed in the writer's own personal experience.

OBITUARY.

Dr. Benjamin C. Woodbury.

Patten, N. H., June 8, æt. 78. Homœopathic Medical College, Pennsylvania, 1866.

Dr. George M. Dillon.

New York, July 13, æt. 68. A well known Homœopathic physician of New York.

Dr. James A. Bernett.

New York, July 11, æt. 72. New York Homœopathic College, 1871.

Dr. Jeanne de la M. Lozier.

New Brighton, N. Y., August 6, æt. 74. New York Medical College.

Dr. Byron C. Elms.

Chicago, Septembebr 9. Chicago Homœopathic College, 1880.

Dr. C. S. Carr.

Columbus, Ohio, September 6, æt. 65. Chicago Homœopathic College, 1877.

Dr. W. L. Breyfogle.

San Mateo, Cal., July 15, æt. 66. Hahnemann Medical College, Philadelphia, 1868. Author of "Breyfogle's Epitome."

Dr. Palmer Coville.

Belding, Mich., June 29, æt. 57. Cleveland, 1857.

Dr. Edgar V. Van Norman.

San Diego, Cal., June 8, æt. 77. Cleveland University, 1877.

Dr. W. G. Hall.

St. Joseph, Mo., June 11, æt. 84. Western Homœopathic College, Cleveland, 1858.

Dr. G. S. Stanley.

Kane, Pa., June 20, æt. 41. Cleveland Homœopathic College, 1898.

Dr. A. S. Childs.

Wilmette, Ill., June 21. Hahnemann Medical College, Chicago, 1878.

Dr. W. T. Harris.

Galesbury, Ill., June 27, æt. 73. Homœopathic Medical College, Mo., 1888.

Dr. A. C. Wilbur.

Middleboro, Mass., June 24, æt. 45. Boston University School of Medicine, 1895.

Dr. G. H. Jenks.

Los Angeles, Cal., April 30, æt. 75. Hahnemann Medical College, Philadelphia, 1875. Formerly on Faculty of Hahnemann Medical College of San Francisco, Cal.

Dr. W. H. Stennett.

Oak Park, Ill., July 22, æt. 82. Homœopathic Medical College, Mo., 1869.

Dr. Z. D. Walter.

Marietta, Ohio, July 19, æt. 72. Homœopathic Medical College, Pa., 1866.

Dr. E. Sumners.

Shirley, Ill., July 16, æt. 37. Hahnemann Medical College, Chicago, 1904.

Dr. Andrew Krumling.

Blissfield, Mich., July 23, æt. 77. An old Michigan practitioner of Homœopathy.

Dr. Ida M. Wright.

Evanston, Ill., August 5, æt. 43. Hahnemann Medical College, Chicago.

Dr. W. H. Clippinger.

Mercer, O., August 8, æt. 37. Hahnemann Medical College, 1900.

Dr. C. H. Copp.

Atchinson, Kan., August 11, æt. 60. Hahnemann Medical College, Chicago, 1882.

Dr. A. A. Hill.

Merritt, Fla., August 21. New York Homœopathic College, 1866.